

**Indiana FY 2016
Preventive Health and Health Services
Block Grant**

Annual Report

**Annual Report for Fiscal Year 2016
Submitted by: Indiana
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Executive Summary

- On June 6 the Advisory Committee reviewed and recommended programs for funding, contingent upon the receipt of funding for FY2016.
- On June 9, the Public Hearing was convened.
- This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2016. It is submitted by the Indiana State Department of Health (ISDH) as the designated state agency for the allocation and administration of PHHSBG funds.
- **Funding Assumptions:** The total award for the FY2016 PHHSBG is \$2,592,701. This amount is based on an allocation table distributed by CDC.
- Funding for FY2016 Sexual Assault-Rape Crisis (HO IPV 40) activities detailed in the Work Plan: \$144,972 of this total is a mandatory allocation to the Indiana Criminal Justice Institute (ICJI) which provides this funding to reduce the prevalence of sexual assault and attempted sexual assault among residents of the State of Indiana, particularly youth through sexual violence outreach and education and direct services. Funds will be used by 17 subrecipients to provide prevention outreach and education as well as direct services.
- **Program Title:** Chronic Disease, Primary Care and Rural Health (CDPCRH)
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 - o HD5-1 Cardiovascular Health, \$535,126 of this total will be utilized to reduce the disparities and overall burden of chronic disease in Indiana. The section on Cardiovascular Health and Diabetes within CDPCRH seeks to monitor and reduce cardiovascular health (CVH) and Diabetes (DM) disparities and overall burden in Indiana; the Cancer Section within CDPC seeks to monitor and reduce cancer disparities and overall burden in Indiana; the Chronic Respiratory Disease Section in CDPC seeks to monitor and reduce disparities and overall Indiana burden related to asthma and other chronic respiratory diseases. CDPCRH also seeks to address disparities and overall burden of all chronic disease in Indiana through both organizational and public policy initiatives, health systems strategies to improve clinical care, convening statewide partners to address chronic disease, and statewide health communications.
 - The Indiana Public Health Association (IPHA) will receive \$295,470 to assist CDPCRH with the activities listed above.
 - Parkview Hospital will receive \$234,358 to assist CDPCRH with the activities listed above.
- **Program Title:** Food Protection Program
 - o FS-6 Food Preparation Practices in Food Service and Retail Establishments, \$136,320 of this total will be utilized to measure and improve the compliance of fast-food and full service restaurants in Indiana with food safety sanitation requirements. Further develop use and import of data into CodePal, the electronic system to capture and evaluate food safety inspection and investigation information. The program will also move towards a new data system vendor.
- **Program Title:** Injury Prevention Program
 - o IVP-11 Unintentional Injury Deaths, \$167,940 of this total will be utilized to continue the process begun in 2011 of developing a comprehensive injury and violence prevention program at the state health department that provides focus and direction, coordinates and finds common ground among the many prevention partners, and maximizes injury and violence prevention resources. Continue to seek

additional injury prevention grant funding and provide evidence-based primary prevention programs in Indiana, specifically related to child passenger safety and older adult falls.

- Stepping On will receive \$8,642 to assist the injury prevention program to complete these activities.
- o IVP-4 Child Fatality Review of Child Deaths Due to External Causes, \$68,469 of this total will be utilized to gain an understanding of the circumstances causing a child's death which will help prevent other deaths, poor health outcomes, and injury or disability in other children.
- Direct On Scene Education will receive \$33,426 to assist the Child Fatality Review Program with these activities.
- Local Child Fatality Review teams will receive \$33,043 to assist the Child Fatality Review Program with these activities.

• **Program Title:** Nutrition and Physical Activity

- o NWS-2 Nutritious Foods and Beverages Offered Outside of School Meals, \$32,876, increase the number of youth and adolescents at a healthy weight by employing a spectrum of evidence based strategies in schools, school districts and out-of-school care.
- o PA-3 Adolescent Aerobic Physical Activity and Muscle-Strengthening Activity, \$32,876, will increase the number of adolescents who meet the recommended level of physical activity in a week.

• **Program Title:** Office of Women's Health

- o MICH-1 Fetal and Infant Deaths, \$13,500, the OWH will support the annual ISDH Labor of Love Infant Mortality Summit and host a State Breastfeeding Conference to ensure that high quality information related to women's health, maternal health and reducing infant death reaches the community partners that can aid the ISDH in reducing infant death in Indiana.
- Tina Mahern, Inc. will receive \$13,500 to assist the OWH program with these activities.

• **Program Title:** Office of Public Health & Performance Management (OPHPM)

- o PHI-2 Continuing Education of Public Health Personnel, \$195,116 of this total will be utilized to increase the workforce development and training opportunities for Public Health workers in Indiana utilizing the Indiana IN-TRAIN web-based training system and other eLearning tools.
- Public Health Foundation will receive \$60,000 to assist (OPHPM) with these activities.
- OPHPM will contract with a vendor that has yet to be determined for \$22,830 to help with these activities.
- o PHI-13 Epidemiology Services, \$109,184 of this total will be utilized to increase analytical capacity of epidemiologists and data analysts using SAS through a SAS expert and increasing the number of surveys of BRFSS. \$62,000 (Direct Assistance) will also be used to analyze and interpret data to assess the burden of chronic disease, provide information on the distribution and risk factors for chronic diseases necessary for public health program planning and implementation, and assist in evaluating the success of public health programs.
- Clearwater Research, Inc. will receive \$30,000 to assist the Epidemiology Resource Center with these activities.
- o PHI-15 Health Improvement Plans, \$334,995 of this total will be utilized to continue to increase the capacity for local health departments and nonprofit hospitals to conduct community health assessments and improvement plans by improving access to county level secondary data to all 92 counties in Indiana through the Indiana Indicators data dashboard website and by hiring contract staff to provide technical assistance.
- Indiana Business Research Center will receive \$18,000 to assist the OPHPM program with these activities.
- OPHPM will contract with a vendor that has yet to be determined for \$13,500 to help with these activities.

- o PHI-16 Public Health Agency Quality Improvement Program, \$214,851 of this total will be utilized to enhance the capability of Indiana health departments in the area of agency performance management and quality improvement utilizing Lean Six Sigma through a contract with Purdue Healthcare Providers and by hiring contract staff at ISDH to provide trainings.
 - Purdue Healthcare Advisors will receive \$65,000 to assist (OPHPM) with these activities.

- **Program Title:** TB/Refugee Control Program

- o IID-31 Treatment for Latent TB, \$121,412 of this total will be utilized to increase the percentage of contacts to sputum smear-positive tuberculosis cases that complete treatment after being diagnosed with latent tuberculosis infection and initiated treatment.

- **Program Title:** Water Fluoridation Program

- o OH-13 Community Water Fluoridation, \$204,997 of this total will be utilized monitor water fluoridation programs in communities and schools on a regular basis.
- Administrative costs: associated with the Preventive Health block Grant total \$218,067 which is less than 10% of the grant. These costs include funding for the Office of Contracts and Grants Management at ISDH.
- The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention objectives in Healthy People 2020.

State Program Title: Chronic Disease, Primary Care and Rural Health

State Program Strategy:

Goal: Between October 2016 and September 2017, the Indiana State Department of Health (ISDH) - Division of Chronic Disease, Primary Care, and Rural Health (CDPCRH) seeks to reduce the disparities and overall burden of chronic disease in Indiana, and improve the quality of life of those individuals affected by chronic diseases. The Section on Cardiovascular Health and Diabetes within CDPCRH seeks to monitor and improve cardiovascular health (CVH) and Diabetes (DM) outcomes, and implement effective strategies for prevention; the Cancer Section within CDPCRH seeks to monitor and reduce cancer disparities and overall burden in Indiana, and improve prevention and screening behaviors; the Chronic Respiratory Disease Section seeks to monitor and reduce disparities and overall burden related to asthma and other chronic respiratory diseases. The CDPCRH also seeks to address disparities and overall burden of chronic diseases in Indiana through both organizational policies, health systems strategies to improve clinical care, convening of statewide partners to address chronic disease, and statewide health communications. Targets in burden reduction include increasing the percentage of individuals in targeted settings with their asthma, diabetes and hypertension under control to decrease morbidity and mortality associated with these conditions. Efforts to increase primary screenings for breast, cervical and colorectal cancers should reduce colorectal and cervical cancer incidence and mortality associated with these cancers. Additionally, clinical quality improvement activity will serve to reduce dependence on emergency department care for individuals with ambulatory sensitive conditions, specifically asthma, diabetes and hypertension.

Program Priorities:

- Improve surveillance, analysis, and communication of CVH, DM, Cancer, and Asthma indicators and risk factors in Indiana
- Lead coordinated statewide efforts to improve CVH, DM, Cancer, and Asthma outcomes.
- Advance evidence based public health strategies to improve the chronic disease burden in community settings through systems-level change, policy, and health communications.

Primary Strategic Partnership(s):

- **Internal:** Division of Nutrition and Physical Activity and Tobacco Prevention and Cessation
- **External:** Indiana Minority Health Coalition, Indiana Cardiovascular Health and Diabetes Coalition, Indiana Cancer Consortium, Indiana Joint Asthma Coalition, American Heart Association, Indiana Institute on Disability and Community, American Diabetes Association, American Cancer Society, American Lung Association, Indiana Public Health Association, Indiana Primary Health Care Association, and Indiana Rural Health Association.

Role of PHHSBG Funds: Strengthen state ability to provide statewide data surveillance and analysis related to chronic disease; support strategies to prevent and control high blood pressure and diabetes; convene statewide organizational partners in order to develop collaborative systems and policy initiatives to improve the state's chronic disease burden; assess initiatives related to non-provider health professionals and their role in addressing chronic disease in Indiana; support implementation and evaluation of strategies to address disease prevention and control, medication therapy management, health systems quality improvement, and complex care management; and ensure evaluation methodology utilized by chronic disease public health staff address cost effectiveness of initiatives.

Evaluation Methodology: CDPCRH follows national evaluation guidelines as put forth by the CDC Framework for Evaluation and individual CDC evaluation guides for state-based chronic disease public health programs. Annual evaluation plans are utilized to monitor processes and impact of division and section initiatives. Additionally, in order to evaluate support provided to local communities for community-wide initiatives, an evaluation plan including process and intermediate outcomes measures will be implemented in collaboration with community partners. These evaluation methods will be operationalized in the following manner:

10 1. Address health disparities and improve outcomes by preparing workforce: Evaluation will occur via process and health indicator reporting, in-person learning sessions, process mapping and key-informant interviews. Outcomes and economic data will be collected and assessed. Projects involving complex care management, medication therapy management and non-provider community based interventions, including the use of non-traditional workforce members such as paramedics are being conducted as pilots

so evaluation will focus on identifying best-practices, determining generalizability and portability of processes, and on developing an evaluation protocol for post-pilot implementation, spread and sustainability. Additionally, web-analytics will be used to assess convenience and effectiveness of internet-based resources and learning platforms.

10 2. Analytic capacity development and expansion: Evaluation will focus on measuring improvements in staff analytic skills, technical capacity and productivity. CDPCRH will work with internal partners (Maternal and Child Health, Tobacco Prevention and Cessation, Women, Infants and Children, and the Epidemiology Resource Center) to develop assessment instruments informed by Council of State and Territorial Epidemiologists and CDC competency standards. Findings will be reported to agency leadership with review by partners with the capacity to support ongoing staff development. Feedback processes will be put in place to act on the findings and further advance staff development. FTE supported through this objective will participate in agency performance evaluation processes.

10 3. Convene and mobilize state-level stakeholders to address critical health burdens related to chronic disease: Evaluation will be tailored for each stakeholder group and will address process and outcome assessment, as well as effectiveness of partnerships. The division will conduct surveys and key informant interviews with stakeholder organizations to assess reach, scope and effectiveness of activity.

Stakeholder activity will be linked to, and performance measures will be based on, HP2020 strategies and objectives. Success stories will be tracked for each organization represented. Monthly conference calls, quarterly progress reports and formal evaluation summaries will facilitate oversight of the respective groups.

National Health Objective: HDS-1 Cardiovascular Health

State Health Objective(s):

Between 09/2015 and 10/2016, Reduce hospitalizations and emergency room admissions and increase self-management and prevention of cardiovascular disease, diabetes, asthma, and cancer and chronic obstructive pulmonary disease (COPD) by mobilizing statewide chronic disease partners, including subject matter coalitions and a 7-county hospital system. Five coalitions will develop and update plans to address Indiana's chronic disease burden and a hospital system will design and implement a training program for paramedics and emergency services personnel to serve nursing home and home-bound individuals with chronic diseases in non-emergent settings.

State Health Objective Status

Met

State Health Objective Outcome

For the period, outcome data for Indiana's PHHSBG will be available at the hospital level after project completion. The current state of the targeted outcome discussion follows. People with chronic illness are at greater risk for potentially preventable hospitalizations than people without chronic illness. Ambulatory sensitive admissions in Indiana in 2001 were 86.5 per 1,000 and 63.2 in 2015 for Medicare Beneficiaries which would capture the population with the highest incidence of chronic diseases including diabetes and cardiovascular disease. In 2013, there were 31,307 emergency room visits and 7,200 hospitalizations with asthma listed as the primary diagnosis and children accounted for 37% of emergency room visits and 22.6% of hospitalizations (ISDH DAT, 2014. Indiana Hospital Discharge Data Files, 2013). Hospital emergency room visits per 1,000 in Indiana has trended upward from 1999 (357) through 2014 (494) (<http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/#graph>).

The Cardiovascular and Diabetes Coalition of Indiana (CADI), the Indiana Cancer Consortium (ICC) (<http://indianacancer.org/>) and the Indiana Joint Asthma Coalition (INJAC) (<http://injac.org/>) have all pursued statewide planning for the individual disease states with CADI and the ICC completing the process for which plan publication is pending Indiana administrative approval. The Cardiovascular cohort of the CADI represents the first plan of its kind for Indiana. Complementing planning for individual

disease states, the CDPCRH launched a chronic disease planning effort that will index and relate all plan goals, objectives, and activities. Work continues with the Task force on Disability and Health (<http://www.iidc.indiana.edu/pages/indiana-task-force-on-disability-and-health>), which hosted community conversations in several communities culminating in a summit that revealed the findings. All coalitions meet regularly and represent hundreds of public and private health serving agencies and individuals. The Healthy Weight Initiative (<http://www.inhealthyweight.org/215.htm>) has also been active and has restructured its organizational approach to include collective impact organizations with common agendas, shared measurement systems, mutually reinforcing activities, continuous communication with the Healthy Weight Initiative acting as the backbone organization.

Reasons for Success or Barriers/Challenges to Success

All supported chronic disease coalitions have hired coordinators and have begun or completed statewide disease specific plans in consultation with community representatives and industry experts. The policy, systems and environmental changes resulting from their work do not have a measure standardized beyond health outcomes for which data is delayed beyond the project end date. However, process measures such as regular meetings, increased membership participation, and coalition staffing can represent incremental success expected to result in demonstrable improved chronic disease outcomes for the state.

Success in the paramedicine arena includes the interest level of local governments and providers in the outcome of the pilot project; establishing a training regimen and selecting participants for the program.

Barriers for the program include establishing a measure for impact that can be shared statewide and that will use existing reported measures in order to align with other state and federal data.

Asthma Emergency Department Visit Rates 2010 -2015

Year	2010	2011	2012	2013	2014	2015
Rate	48.1	46.9	48.8	49.9	49.2	47.4

Asthma Hospitalization Rates 2010 - 2015

Year	2010	2011	2012	2013	2014	2015
Rate	12.7	12.6	11.6	10.6	10.5	8.7

Diabetes

Year	Inpatient Hospitalizations		Emergency Department Visits	
	Any-listed Diagnosis	Primary	Any-listed Diagnosis	Primary
2013	229.2 per 10,000	16.6 per 10,000	243.1 per 10,000	20.7 per 10,000
2014	224.4 per 10,000	16.4 per 10,000	246.7 per 10,000	21.9 per 10,000
2015	213.2 per 10,000	16.4 per 10,000	280.2 per 10,000	23.3 per 10,000

All rates are age-adjusted.

Major Cardiovascular Diseases*

Year	Inpatient Hospitalizations		Emergency Department Visits	
	Any-listed Diagnosis	Primary	Any-listed Diagnosis	Primary
2013	560.4 per 10,000	132.7 per 10,000	620.8 per 10,000	77.0 per 10,000
2014	544.6 per 10,000	128.2 per 10,000	629.0 per 10,000	78.6 per 10,000
2015	534.7 per 10,000	126.7 per 10,000	707.6 per 10,000	81.7 per 10,000

All rates are age-adjusted.

*Major cardiovascular diseases include heart diseases, stroke, and other diseases of the circulatory system. Source: 2013, 2014, 2015 Hospital Discharge Data. Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team. 2016.

Cancer

		ICD-9-CM				
		# Discharges	2013 Population	Rate per 100,000		
2013	Inpatient	19,291	6,570,902	293.6		
	Outpatient	38,284				
	ED Visits	2,318	6,570,902	35.3		
		ICD-9-CM	ICD-10-CM	Total	2015 Population	Rate per 100,000
		# Discharges	# Discharges			
2015	Inpatient	18,977	4,886	23,863	6,619,680	360.5
	Outpatient	224,556	57,635	282,191		
	ED Visits	2,525	704	3,229	6,619,680	48.8

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategy for collective impact across coalitions is to create an overarching chronic disease plan that unifies measures.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG dollars have leveraged state tobacco settlement funds that are being used to support quality improvement models for addressing care at the population level in community health centers and hospitals for patients with chronic diseases, including diabetes, hypertension, asthma, and associated risk factors.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Advanced workforce development (ES8)

Between 10/2015 and 09/2016, Parkview Health Network will conduct 2 trainings for paramedics and nursing home personnel in the rapid response method to identify and respond to asthma, cardiac events, chronic obstructive pulmonary disease, and sepsis.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Parkview Health Network conducted 5 trainings for paramedics and nursing home personnel in the rapid response method to identify and respond to asthma, cardiac events, chronic obstructive pulmonary disease, and sepsis.

Reasons for Success or Barriers/Challenges to Success

Parkview Health Systems has succeeded in developing a community paramedicine curriculum and protocols for each disease state; aligning the curriculum with the Indiana Emergency Medical Services objectives, and identifying staff qualified to participate in the trainings and program. Barriers included not being able to purchase equipment needed and finding available trainers which caused a delay in starting

the clinical training required.

Strategies to Achieve Success or Overcome Barriers/Challenges

State funds were used to purchase equipment and a qualified trainer has been found and employed. Five trainings have been held. The additional training has given personnel a broader set of competencies that be used in a variety of care settings. This has led to greater job satisfaction on the part of participants and will likely impact retention.

Activity 1:

Community paramedicine protocol and evaluation platform

Between 10/2015 and 09/2016, CDPCRHR will work with community based emergency medical service organizations to create protocols, establish best practices, and develop evaluation processes for community paramedicine activity. Community paramedicine will capitalize on the healthcare capacity of paramedics and EMTs during non-emergent periods to maximize the reach of clinical practices and support self-management behaviors and serve as health coaches and physician extenders for targeted panels of patients to improve blood-sugar management in diabetics, improve compliance in hypertensive individuals, support pre-natal care, mitigate fall risk in seniors, and reduce re-admission for conditions such as congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD).

Activity Status

Completed

Activity Outcome

The CDPCRHR's work with Parkview Health Systems led to other organizations including municipal units of government to make use of their ready workforces to improve health outcomes and reduce hospitalizations in their communities. As a result, the Crawfordsville Fire Department has begun working with CDPCRHR to develop a pilot similar to Parkview's. Data from both systems will provide a basis for comparison between a public service and hospital based approach to community paramedicine (CP). In both models home visitation and hospital decrease in readmission is the aim with hospitals reaping the financial benefit through deferred readmission penalties. In addition, the CDPCRHR-collected information through the Rural Health Innovation Consortium regarding CP programs – perceptions, activities, roles, scope of practice, legal implications, medical oversight and direction in order to establish a context for this project.

Preliminary data has been obtained on responses to extended care facilities for patients with sepsis-like symptoms. Responses to the six of the facilities in the pilot include 99 CP calls with only 12 of the initial responses resulting in a 911 in which the patient was taken to the hospital. The other 87 patients remained in the facility thus increasing patient safety and decreasing transport and facility cost. CP is tracking those patients each 30, 60, 90 & 120 days to determine whether an admission is prevented or just delayed. Seventy-seven percent of the total patients in the program have remained out of the hospital through 60 days from the date of the initial response. At around \$15,000 (average total charge for these patients) this represents an estimated savings of over \$1.5 million.

Reasons for Success or Barriers/Challenges to Success

A barrier to statewide utility of a model rests in the organization pursuing CP. Different local considerations of what entity should own a service should drive the planning and implementation of a CP program in order to have broad applicability. The Parkview model represents a hospital owned system that does not require collaboration outside its network, making training, data collection and exchange less problematic than for systems that may be municipally owned, and not contained within a hospital network.

Strategies to Achieve Success or Overcome Barriers/Challenges

The need for a non-hospital system model inspired a state-funded companion project with the City of Crawfordsville Fire Department in which St. Elizabeth Hospital will participate, but will not own the operation.

Impact/Process Objective 2:

Chronic Disease Coalitions (ES4)

Between 10/2015 and 09/2016, The Cardiovascular and Diabetes Coalition of Indiana, Indiana Cancer Consortium, Indiana Healthy Weight Initiative, Indiana Joint Asthma Coalition, and the Task Force on Disability and Health with the oversight of CDPCRHR will provide technical assistance (in the form of communication support, community-clinical linkages, data systems, economic analysis, evaluation, geospatial analysis and statistical analysis) to develop and implement strategic health improvement plans based on current disease burden and evidence-based practices to 5 groups of community-level stakeholders capable of influencing prevention, management and palliation associated with chronic diseases including asthma, cancer, cardiovascular disease and diabetes, and obesity, and populations experiencing health inequities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, The Cardiovascular and Diabetes Coalition of Indiana, Indiana Cancer Consortium, Indiana Healthy Weight Initiative, Indiana Joint Asthma Coalition, and the Task Force on Disability and Health with the oversight of CDPCRHR provided technical assistance (in the form of communication support, community-clinical linkages, data systems, economic analysis, evaluation, geospatial analysis and statistical analysis) to develop and implement strategic health improvement plans based on current disease burden and evidence-based practices to 200 groups of community-level stakeholders capable of influencing prevention, management and palliation associated with chronic diseases including asthma, cancer, cardiovascular disease and diabetes, and obesity, and populations experiencing health inequities.

Reasons for Success or Barriers/Challenges to Success

Between 10/2014 and 09/2015, the Cardiovascular and Diabetes Coalition of Indiana, Indiana Cancer Consortium, Indiana Healthy Weight Initiative, Indiana Joint Asthma Coalition, and the Task Force on Disability and Health with the oversight of CDPCRHR provided technical assistance (in the form of communication support, community-clinical linkages, data systems, economic analysis, evaluation, geospatial analysis and statistical analysis) to develop and implement strategic health improvement plans based on current disease burden and evidence-based practices to 200 groups of community-level stakeholders capable of influencing prevention, management and palliation associated with chronic diseases including asthma, cancer, cardiovascular disease and diabetes, and obesity, and populations experiencing health inequities.

Strategies to Achieve Success or Overcome Barriers/Challenges

For the period, the Cardiovascular and Diabetes Coalition of Indiana (CADI), the Indiana Cancer Consortium (ICC) (<http://indianacancer.org/>) and the Indiana Joint Asthma Coalition (INJAC) (<http://injac.org/>) have all begun statewide planning. The Cardiovascular cohort of the CADI represents the first plan of its kind for Indiana. Complementing planning for individual disease states, the CDPCRHR launched a chronic disease planning effort that will index and relate all plan goals, objectives, and activities. Work continues with the Task force on Disability and Health (<http://www.iidc.indiana.edu/pages/indiana-task-force-on-disability-and-health>), which hosted community conversations in several communities culminating in a summit that revealed the findings. All coalitions meet regularly and represent hundreds of public and private health serving agencies and individuals. The Healthy Weight Initiative (<http://www.inhealthyweight.org/215.htm>) has also been active.

Activity 1:

Provide technical assistance to statewide chronic disease stakeholders to improve disease outcomes

Between 10/2015 and 09/2016, CDPCRHR will convene and support community-based coalitions to provide technical assistance to 5 community-level stakeholder groups including those for cancer, asthma, obesity, cardiovascular health and diabetes, and disabilities. CDPCRHR will work closely with statewide and community-based partners to ensure that strategic plans and activities are informed by scientific research, current surveillance evidence and represent best- or evidence-based practices; maximize the

resources available to the coalition for purposes of coordination, communication, and effective work; and address long-term spread and sustainability of effective chronic disease partnerships. CDPCRH will provide technical assistance to the coalition partners in the areas of evidence-based public health programming, organizational policy to address the chronic disease burden in Indiana and health systems initiatives to improve chronic disease outcomes. Additional technical assistance related to data and surveillance, evaluation and geospatial analysis will be provided to coalitions.

Activity Status

Completed

Activity Outcome

For the period, the Cardiovascular and Diabetes Coalition of Indiana (CADI), the Indiana Cancer Consortium (ICC) (<http://indianacancer.org/>) and the Indiana Joint Asthma Coalition (INJAC) (<http://injac.org/>) have all begun statewide planning. The Cardiovascular cohort of the CADI represents the first plan of its kind for Indiana. Complementing planning for individual disease states, the CDPCRH launched a chronic disease planning effort that will index and relate all plan goals, objectives, and activities. Work continues with the Task force on Disability and Health (<http://www.iidc.indiana.edu/pages/indiana-task-force-on-disability-and-health>), which hosted community conversations in several communities culminating in a summit that revealed the findings. All coalitions meet regularly and represent hundreds of public and private health serving agencies and individuals. The Healthy Weight Initiative (<http://www.inhealthyweight.org/215.htm>) has also been active and has restructured its organizational approach to include collective impact organizations with common agendas, shared measurement systems, mutually reinforcing activities, continuous communication with the Healthy Weight Initiative acting as the backbone organization. ISDH is providing diabetes, cardiovascular, asthma, cancer and community health system epidemiologists as needed for coalition support. Sometimes the ISDH staff lead data subcommittees as well as supporting the overall coalition with webinars, guest expert speakers, and regular one-on-one meetings with coordinators and members.

Reasons for Success or Barriers/Challenges to Success

ISDH has developed productive relationships with academics and practitioners in the field of chronic disease and has been able to broker these relationships to benefit-supported coalitions. In addition, ISDH is fortunate to have epidemiologists on staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Few barriers beyond keeping talented staff employed exist. Strategies to enrich staff experience by providing peer support and engaging staff in activities they find fulfilling is one way to job satisfaction.

Activity 2:

Evaluation of progress associated w/ chronic disease strategic plans in asthma, cancer & obesity

Between 10/2015 and 09/2016, CDPCRH will provide technical assistance to 5 community partnerships to support their capacity to assess statewide progress associated with their respective disease state strategic plans, including the development of a summary report on current health status for these disease areas or special populations (disabled) impacted by these diseases, a communications platform for the information resulting from the evaluation, and strategies to further progress towards achieving long-term strategic objectives. Specific topics to be addressed include asthma (HP2020 RD-2,-3,-7), cancer (HP2020 C-9,-10,-11,-15,-16,-17,-18), diabetes (HP2020 D-5,-6,-7,-9,-10,-11,-14) and heart disease (HP2020 HDS-7,-12,-24).

Activity Status

Completed

Activity Outcome

A statewide chronic disease plan process has begun through the Indiana Public Health Association (IPHA). Coalition coordinators met with ISDH staff to discuss evaluating individual plans for inclusion in an over-arching state plan. The statewide chronic disease plan has convened a Chronic Disease Advisory

Group which has met twice during the reporting period. Plan website:

<http://inpha.org/indiana-chronic-disease-plan/>

Phase 1 – Foundation Building

1. Research & Plan Development
2. Chronic Disease Plan Guidance
3. Analysis of State Chronic Disease Plans in other states
4. Analysis Needs Assessments (Coalitions & Hospitals)
5. Informational Interviews with Key Stakeholders
6. Role for academia defined

Phase 2 – Finalize & Identify Priorities for Social Marketing & Outreach

1. Implementation & Strategic Realignment

Phase 3 – Launch Social Marketing & Outreach

1. Social Marketing, Education & Outreach Campaign
2. Technical Assistance & Capacity Building to Local Public Health
3. Creation & Distribution of Health Education Tools & Promotional Items
4. Public Health, health care professionals, providers
5. Lay Persons
6. Policy Makers Education & Outreach
7. Public Health Policy Leadership Development
8. Capacity Building, Seed Grants
9. Phase 4 – Assessment & Evaluation
10. Values & Expectations to Incorporate
11. IPHA coordination that includes ISDH partnership
12. Meaningful public involvement
13. Community input, non-traditional partners
14. Easily read & understood by public
15. Relevance for elected, business & civic leadership re: policy direction

More than cross-walk of existing plans

1. Process that identifies issues and strategies across or without respect to disease areas
2. Key/strategic issues rise to the top
3. Coordinated action recommendations that break out of silos
4. Reconvene and utilize Chronic Disease Advisory Group (CDAG)
5. Interest groups & partners outside of Chronic Disease Coalitions

Process & Architecture

1. Statewide multi-faceted data gathering built on coalitions
2. Goal, Objectives & Strategies
3. Include strategic action recommendations for public involvement Arranged by:
Disease areas/ Critical nodes

- Types of interventions

- Combination of areas, nodes or types of interventions

All supported chronic disease coalitions have hired coordinators, have begun or are updating statewide, disease specific plans in consultation with community representatives and industry experts. The policy, systems and environmental changes resulting from their work do not have a measure standardized beyond health outcomes for which data is delayed beyond the project end date. However, process measures such as regular meetings, increased membership participation, and coalition staffing can represent incremental success expected to result in demonstrable improved chronic disease outcomes for the state.

Reasons for Success or Barriers/Challenges to Success

Indiana has never had a statewide chronic disease plan partly due to a reticence of disease-specific coalition leaders to over-tax volunteers and professional members with additional meetings. The issue of diluting support, both for monetary and human resources, was also a fear.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategy for overcoming the over-taxing support and diluting resources is for coalition coordinators to use segments of their members as reviewers and advisors only a few times during the statewide planning process. Because all coalitions are currently writing new or updating existing disease specific plans, the coordinators will be able to discern and address common goals, objectives and activities that can be elevated in a general chronic disease plan. This plan will serve as a keystone for driving action for collective impact.

Activity 3: Strategic Planning

Between 10/2015 and 09/2016, CDPCRH will work with 5 coalitions of statewide community organizations to publish or update strategic health improvement plans associated with asthma (HP2020 RD-2,-3,-7), cancer (HP2020 C-9,-10,-11,-15,-16,-17,-18), diabetes (HP2020 D-5,-6,-7,-9,-10,-11,-14) and heart disease (HP2020 HDS-7,-12,-24), as well as special populations impacted by these conditions (disabilities). Included in this activity will be comprehensive surveillance, communication, and evaluation activity, with special focus on public access dashboards such as Indiana Indicators.

Activity Status Completed

Activity Outcome

The Cardiovascular and Diabetes Coalition of Indiana (CADI), the Indiana Cancer Consortium (ICC) (<http://indianacancer.org/>) and the Indiana Joint Asthma Coalition (INJAC) (<http://injac.org/>) have all begun statewide planning. The Cardiovascular cohort of the CADI represents the first plan of its kind for Indiana. Complementing planning for individual disease states, the CDPCRH launched a chronic disease planning effort that will index and relate all plan goals, objectives, and activities. Work continues with the Task force on Disability and Health (<http://www.iidc.indiana.edu/pages/indiana-task-force-on-disability-and-health>), which hosted community conversations in several communities culminating in a summit that revealed the findings. All coalitions meet regularly and represent hundreds of public and private health serving agencies and individuals. The Healthy Weight Initiative (<http://www.inhealthyweight.org/215.htm>) has also been active and has restructured its organizational approach to include collective impact organizations with common agendas, shared measurement systems, mutually reinforcing activities, continuous communication with the Healthy Weight Initiative acting as the backbone organization

Reasons for Success or Barriers/Challenges to Success

Because there is a combined planning effort for diabetes, stroke and cardiovascular diseases, additional funding was required to hire a consultant to plan and execute the process that used a regional meeting of community gatherings to obtain local viewpoints. These regional meetings became very popular and averaged 40-50 attendees with over 100 attending a meeting held in Indianapolis.

Strategies to Achieve Success or Overcome Barriers/Challenges

Holding regional meetings has been successful and will be attempted by other coalitions if funding allows.

State Program Title: Food Protection**State Program Strategy:**

Goal: Between October 2016 and September 2017, the Indiana State Department of Health Food Protection Program (FPP) is in the process of replacing the current CodePal system, a software application that captures food inspection and investigation data electronically. The new system will be designed to improve business process, reporting capabilities, Geographic Information System (GIS) and mobile capabilities and addressing current system data sync issues. The application allows users to document any violations or deficiencies found during an inspection and activities related to investigations of foodborne illness cases. This electronic system reduces the reliance of paper for reporting of inspections and investigations. Data, such as food establishment demographics, violations, complaints, and recall and outbreak investigations, can be used on a broader state-wide level to better understand the problems and direct resources toward those issues once they become known through this data collection system. The program's goal is to continue to enlist local health departments to utilize the new system as their inspection software. For those jurisdictions that are utilizing another application, the new system is being designed to accept their food inspection data electronically through web services to import data into the new system. The web services process will allow the building of a state-wide database of food inspection data, and will be implemented with the development and use of standardized templates. FPP division in parallel will continue utilizing the CodePal system until a new system is operational around June 2017.

Program Priorities: The Senior Level Application System Analyst/Developer will work towards data conversion activities, transition of current system users to new system, bring new users on board, and to develop standardized templates for those jurisdictions that are utilizing another application to accept their food inspection data electronically through web services to import data into the new system on scheduled basis. As time permits, this position will also support users in their installation and use of this inspection software.

Primary Strategic Partnerships(s):

- **Internal:** ISDH's Food Protection Program and Office of Technology & Compliance
- **External:** Indiana local health departments and universities

Evaluation Methodology: Included in the ISDH strategic plan, strategic priorities include decreasing disease incidence and burden; improving response and preparedness networks and capabilities; better use of information and data from electronic sources to develop and sponsor outcomes-driven programs; and improving relationships and partnerships with key stakeholders, coalitions, and networks throughout the State and the nation. The development of a state-wide database of food inspection and investigation data will aid in addressing these priorities, and progress is tracked in Dashboard metrics reports. These metrics reports include specific objectives related to the functionality and growth of the system, and quarterly reports are submitted to agency leadership to monitor the progress of annual goals.

- The following Metrics reports excerpt details the 2015 key indicators by quarter.

Must Do's	2015 Strategic Initiatives	Output	Output Indicator	Owner	Goal/ Target	Report on Progress 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr	Comments
Key Strategy							
1	Implementation of CodePal upgrade			Krista Click	25 new Users/	1st Qtr: 10 2nd Qtr: 5	10 users for Q1: LaPorte – 9; East

	to allow major new enhancements and functionality for users				Year 7/Quarter	3rd Qtr: 10 4th Qtr: 0	Chicago – 1 5 users for Q2: Lawrence 1, Jasper 2, Putnam 1, Rush 1 10 users for Q3: 3 Posey, 1 Clinton, 1 East Chicago, 3 Benton, 2 Wabash
Key Activities 2013 to achieve key strategy							
1	Implementation of CodePal upgrade to allow major new enhancements and functionality for users	LDH use of CodePal	Increase number of Local Health Departments agreeing to use the CodePal software and who continue to use the system to issue permits, conduct inspections, and log complaints and ford samples.	Irene Jameson	6 LHD/Quarter	1st Qtr: 2 2nd Qtr: 4 3rd Qtr: 4 4th Qtr: 0	2 Counties for Q1: LaPorte, Lake (East Chicago). Delays/low Numbers are due to Web Sync/Server Upgrade Project Q2: Lawrence, Jasper Putnam, Rush
3	Implementation of CodePal upgrade to allow major new enhancements and functionality for users		Monitor percentage of local health departments reporting to the state database (CodePal)	Vacant		1st Qtr: 24% 2nd Qtr: 28% 3rd Qtr: 32% 4th Qtr: 32%	The program has moved from a stance of trying to get LHDs to use CodePal to trying to sync data create statewide database. The software used is under evaluation.

- Work Plan – Goals/Mile Stones Activities for Year 2016 – 2017 in regards to new system activities.
 - Phase 1 - June 2016 - July 2016.
 - Kick Off Meeting and Gap Analysis
 - Phase 2 – Development, Testing and Implementation – August 2016 – July 2017.
 - August 2016 – September 2016
 - Submission of Gap Analysis Results
 - ISDH Staging Environment
 - Data Conversion
 - Regulatory Codes
 - October – December

- Application Dev Configuration
- Deploy of Dev app for State Review
- System Test and Issue fixes
- January – June 2017
 - System Implementation in production
 - Testing
 - Training and production go live

National Health Objective: FS-6 Safe Food Preparation Practices in Food Service and Retail Establishments

State Health Objective(s):

Between 10/2015 and 09/2016, measure and improve the compliance of fast-food and full service restaurants in Indiana with food safety sanitation requirements. Further develop use and import of data into an electronic system to capture and evaluate food safety inspection and investigation information.

State Health Objective Status

Met

State Health Objective Outcome

The ISDH Food Protection Program and Office of Technology & Compliance worked towards warping up the sync issues in regards to CodePal system had earlier during third quarter of 2016. This has allowed counties to get back online to sync the inspection data without any issues.

Reasons for Success or Barriers/Challenges to Success

Office of Technology & Compliance (OTC) coordinated with Indiana Office of Technology (IOT), Microsoft technical team and Vendor Sybatech to address the data sync and user password reset issues. This has helped counties to get back online to syncing the data to centralized database on timely manner.

Strategies to Achieve Success or Overcome Barriers/Challenges

Series of technical meetings encountered between OTC, IOT, Microsoft and Sybatech to narrow down the system issues and addressed it on timely manner with great team effort.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

During this period, contractor Eli Shebanov was helping the other lead developer in the food protection division i.e. towards data sync issues as it was interruption to the counties using CodePal system to get the data sync on timely.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

CodePal Maintenance and Migration to New System

Between 10/2015 and 09/2016, Senior Level Application System Analyst/Developer will implement **1** new data system. Some of the important activities are data conversion, transition of current system users to new system, bring new users on board, and to develop standardized templates for those jurisdictions that are utilizing another application to accept their food inspection data electronically through web services to import data into the new system on scheduled basis. As time permits, this position will also support users in their installation and use of this inspection software.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Senior Level Application System Analyst/Developer implemented 1 new data system. Some of the important activities are data conversion, transition of current system users to new system, bring new users on board, and to develop standardized templates for those jurisdictions that are utilizing another application to accept their food inspection data electronically through web services to import data into the new system on scheduled basis. As time permits, this position will also support users in their installation and use of this inspection software.

Reasons for Success or Barriers/Challenges to Success

Computer Aid Inc has implemented food inspection system in seven different states, hence customization to the system as per Indiana was very minimal and hence project was on time as per project deadlines. Clean up of data from current system is one of the major challenges to go through in this process, newly hired Fiyaz Ahmed (data architect/application developer) has done wonderful job in getting the files to vendor as per project deadlines.

Strategies to Achieve Success or Overcome Barriers/Challenges

Enough time was allocated to Fiyaz Ahmed (data architect/application developer) to get up to speed on review of data and structure of CodePal System. The tools required towards mapping the data was provided to Fiyaz and this has helped Fiyaz to get the data mappings successfully complete between the old and new system as per project deadlines.

Activity 1:**Migration to New System**

Between 10/2015 and 09/2016,

1. Migration to new system and with local health departments to build statewide database. Senior Level Application System Analyst/Developer will work towards migration activities from CodePal system to new system. Some of the important activities are data conversion, transition of current system users to new system, bring new users on board, and to develop standardized templates for those jurisdictions that are utilizing another application to accept their food inspection data electronically through web services to import data into the new system on scheduled basis.
2. As time permits, this position will also support users in their installation and use of this inspection software.
3. A long term electronic data collection system in Indiana will allow for more comprehensive and current data that can be effectively used by state and local food protection programs. The new system can aid in the identification of potential disease causing conditions, thereby helping the regulatory authority mitigate these situations of public health concern more expeditiously.

Activity Status

Not Completed

Activity Outcome

Previous contractor Eli Shebanov left the agency and hence we hired new contractor Fiyaz Ahmed to complete the migration activities from CodePal system to new USAFoodSafety system. Fiyaz had finished with the data conversion activities assigned to him during this period as per project plan. He will continue to work on tasks as per project plan assignments in coming quarter.

Reasons for Success or Barriers/Challenges to Success

Clean up of data from current system is one of the major challenges to go through in this process. Newly hired Fiyaz Ahmed (data architect/application developer) has done a wonderful job in getting the files to vendor as per project deadlines.

Strategies to Achieve Success or Overcome Barriers/Challenges

Enough time was allocated to Fiyaz Ahmed (data architect/application developer) to get up to speed on

review of data and structure of CodePal System. The tools required towards mapping the data was provided to Fiyaz and this has helped Fiyaz to get the data mappings successfully completed between the old and new system as per project deadlines.

State Program Title: Injury Prevention Program

State Program Strategy:

Goal: Between October 2016 and September 2017, continue developing an Injury Prevention Program for the State of Indiana that will ultimately lead to a reduction in the number of preventable injuries and deaths.

Program Priorities: The Indiana State Department of Health (ISDH) has continued to develop an organized Injury Prevention Program. The agency has maintained an injury epidemiologist to conduct injury surveillance, prepare epidemiologic reports related to injury and serve as a subject matter expert of injury incidence and risk factors. The ISDH will continue to prioritize the efforts needed to more fully develop an Injury Prevention Program for its citizens.

Primary Strategic Partners:

Internal:

Child Fatality Review Epidemiology Resource Center
Indiana Violent Death Reporting System Program Maternal and Child Health
Office of Women's Health Trauma Program
Vital Records

External:

Attorney General's Prescription Drug Abuse Prevention Task Force Bi-weekly Health User Group GIS
CDC Injury Center
Coroners

Great Lakes and Mid-Atlantic Regional Network Indiana Criminal Justice Institute

Indiana Department of Homeland Security Midwest Injury Prevention Alliance

Indiana Hospital Association Indiana Poison Control

Indiana State Trauma Care Committee Indiana Trauma Network

Safe Kids Safe States

Senator Head's Substance Abuse and Child Safety Task Force Indiana Injury Prevention Advisory Council

State and Local Child Fatality Review Teams State Epidemiology Outcomes Workgroup

Evaluation Methodology: The development of a core Injury Prevention Program that will ultimately lead to acquisition of data, analysis, and development of appropriate activities.

The Indiana Child Fatality Review (CFR) Program will monitor the success of the projects activities by:

- The number of trainings held, as well as the number of individuals trained.
- The percentage of teams receiving technical assistance regarding mortality/morbidity data and guidance on injury prevention programs/activities.
- The percentage of teams receiving assistance funding implementation of evidence-based injury prevention programs/activities.
- The number of teams receiving Indiana-specific CFR program manuals.
- The percentage of fatality cases with improved timeliness of identification to local teams.

The ultimate measure of the success of this program will be in a decrease in the number of preventable child deaths in Indiana. However, this will be long-term trend data and might not reflect within the 12-month grant period described here.

National Health Objective: IVP-4 Child Fatality Review of Child Deaths Due to External Causes

State Health Objective(s):

Between 10/2015 and 09/2016, Prevent an increase in death and hospitalization of children due to external causes through implementing best-practices needed to meet the National Center for the Review and Prevention of Child Deaths (NCRPCD) data quality standards which include reporting of timely and complete review, data entry, and quality assurance procedures so Child Fatality Review (CFR) data may be included in pediatric injury prevention and improved health outcomes.

State Health Objective Status

Not Met

State Health Objective Outcome

The Child Fatality Review (CFR) program has not started this project yet.

Reasons for Success or Barriers/Challenges to Success

A retrospective review of a case sampling is being conducted by the Indiana Statewide Child Fatality Review Committee (State Team), in order to establish current practices in data entry for CFR teams. Approximately 130 cases are expected to be reviewed and analyzed for errors, incompleteness and utility in injury prevention efforts. To date, approximately 80 cases have been completed. Data and records collection has been, at times, been difficult and, as the team meets once per month, progress is limited to meeting that schedule. Completion is expected in the coming months, and the State Team and CFR staff have begun a pre-analysis of existing results. This information will then be disseminated to the local CFR teams, as well as serve as the framework for the training necessary to improve data quality standards.

Strategies to Achieve Success or Overcome Barriers/Challenges

Collaborations have been established with agencies investigating pediatric injury and death and those agencies providing case data for the Committee review. Discussions have also begun with the National Center for Fatality Review and Prevention to help conduct training with local teams to improve data quality and timeliness. These data quality improvement trainings will take place between 09/2016 and 10/2017.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHS Block Grant dollars have been leveraged to pay for train-the-trainer prevention programs on such topics as infant safe sleep and ATV safety. The remaining allocated PHHS Block Grant dollars will be utilized to provide training and resources to local teams on data quality improvement and evidence based practices.

OBJECTIVES – ANNUAL ACTIVITIES**Impact/Process Objective 1:****Improve pediatric injury prevention programs and resources at the local level**

Between 10/2015 and 09/2016, CFR program staff will provide assistance in implementing community level, evidence-based injury prevention programs and resources to 25% of local CFR teams.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, CFR program staff provided assistance in implementing community level, evidence-based injury prevention programs and resources to 20% of local CFR teams.

Reasons for Success or Barriers/Challenges to Success

Funding and resources have been provided to Child Fatality Review (CFR) teams to implement specific prevention programming on ATV safety in their communities. Further, guidance and assistance have been provided to multiple CFR teams and local agencies in case review and determination of appropriate prevention programs. Additional funding opportunities are expected to be offered to CFR teams. Current tasks include making the teams aware of the resources, as well as establishing protocol for dissemination of funds.

Strategies to Achieve Success or Overcome Barriers/Challenges

The only current barrier is the local CFR teams' awareness of the assistance we can provide. Attendance at local team meetings, when appropriate, is being utilized to improve communication, as well as discussion about the purpose of CFR in the state to other community stakeholders.

Activity 1:**Pediatric injury mortality and morbidity data**

Between 10/2015 and 09/2016, Provide statewide, regional and county specific, pediatric injury mortality and morbidity data to 100% of local teams.

Activity Status

Not Completed

Activity Outcome

As epidemiologists from Trauma and Injury Prevention and Maternal Child Health (MCH) complete their data analysis and reporting, Child Fatality Review (CFR) staff are gathering these resources for dissemination. Through email, attendance at local CFR team meetings and program presentations to the public, this data is being shared. Local CFR team leaders also often request epidemiological data specific to their region. This information is prepared on an as-needed basis. A formal distribution of complete statewide pediatric injury mortality and morbidity data will, however, be presented to all teams during the data quality training.

Reasons for Success or Barriers/Challenges to Success

This process is on-task as expected.

Strategies to Achieve Success or Overcome Barriers/Challenges

This process is on-task as expected.

Activity 2:**Technical Assistance**

Between 10/2015 and 09/2016, Provide technical assistance to 25% of teams to help analyze data, identify injury cause, mechanism trends and determine evidence-based injury prevention programs, activities and resources to address these issues.

Activity Status

Completed

Activity Outcome

Through attendance at local Child Fatality Review (CFR) team meetings, CFR staff discusses, and in some cases, assists with data entry during case review.

Reasons for Success or Barriers/Challenges to Success

Statewide training and awareness of data quality issues and the availability of assistance is somewhat contingent upon the completion of the retrospective case review being conducted. When CFR staff and the Statewide Committee are better able to define precisely what challenges and errors the local CFR teams are facing, training can be tailored to address those issues.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continuation of the retrospective analysis.

Activity 3:**Funding evidence-based injury prevention**

Between 10/2015 and 09/2016, Provide funding to 25% of local teams and assist with the implementation of evidence-based injury prevention programs, activities and resources.

Activity Status

Not Completed

Activity Outcome

Funding for ATV safety programming has been provided to 20% of the local CFR teams. Funding will continue to be provided from 10/2016 to 9/2017.

Reasons for Success or Barriers/Challenges to Success

Challenges to date have surrounded establishing a protocol for offering and providing funding, as well as increasing awareness about the availability of assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges

Communication with local CFR team chairs has begun in order to make them aware of the funding and resources CFR staff can provide.

Impact/Process Objective 2:**Train local child fatality review teams to improve the number and quality of cases reported entered**

Between 10/2015 and 09/2016, CFR teams will increase the number of reports entered into the NCRPCD case reporting system (CRS) from 100 to 130.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Data quality is currently being analyzed through a retrospective review of cases. This process is partially contingent on results of this analysis.

Strategies to Achieve Success or Overcome Barriers/Challenges

Results of the retrospective case review, study results will be used to guide training and inform best-practice for data entry. Attendance at local Child Fatality Review (CFR) team meetings has improved awareness of and efforts to improve data quality.

Activity 1:**Regional trainings**

Between 10/2015 and 09/2016, CFR program staff will provide regional trainings to 80% of local teams in appropriate data collection and data entry into the Child Death Review (CDR) database.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Data quality training has not yet begun, however, assistance with the process has been requested from national CFR experts who have agreed to assist CFR staff with training efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Data quality training has not yet begun, however, assistance with the process has been requested from national CFR experts who have agreed to assist CFR staff with training efforts.

Activity 2:

Indiana Child Fatality Review Program Guide

Between 10/2015 and 09/2016, Based on information, suggestions and requests from local teams at the regional trainings, CFR program staff will author a program manual for Child Fatality Review (including data entry) for the state of Indiana.

Activity Status

Not Completed

Activity Outcome

Resources from other Child Fatality Review (CFR) teams across the country have been gathered, in order to assist in generating appropriate and useful materials for local CFR teams. An outline and authoring of materials has begun.

Reasons for Success or Barriers/Challenges to Success

Determining best practice for CFR programs was necessary to provide Indiana with the most relevant and up to date information.

Strategies to Achieve Success or Overcome Barriers/Challenges

Collaboration with national CFR experts, as well as requesting assistance from other states' programs has been invaluable in establishing content for Indiana's CFR manual.

Activity 3:

Collaboration with DCS

Between 10/2015 and 09/2016, CFR program staff will collaborate with Department of Child Services (DCS) to improve timeliness of 80% of DCS fatality cases to be identified by local teams within 30 days of date of death.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

No barriers noted as of this report.

Strategies to Achieve Success or Overcome Barriers/Challenges

Child Fatality Review (CFR) staff will schedule meetings with DCS Field Operations staff to begin the process of timely case identification.

Activity 4:

Data report cards to local teams

Between 10/2015 and 09/2016, CFR program staff will analyze 100% of pediatric vital records death data to inform quality improvement of data at the local level and produce a data report to teams that outline number of cases entered into the NCRPCD CRS, updates, areas for improvement, etc.--a data report card to improve the quality of data reported to the Child Death Review database. This report card process will then continue to be used on a quarterly basis after the grant period has ended.

Activity Status

Not Completed

Activity Outcome

As the retrospective review of cases continues, the quality of data for each in the NCRPCD CRS is being evaluated. Data report cards will be put together and disseminated prior to the data quality training to the local teams.

Reasons for Success or Barriers/Challenges to Success

This activity is on track.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Child Fatality Review (CFR) staff will work internally to complete the data report cards that will be disseminated prior to the data quality training to the local teams.

National Health Objective: IVP-11 Unintentional Injury Deaths**State Health Objective(s):**

Between 10/2015 and 09/2016, the Division of Trauma and Injury Prevention will work towards reducing the number of unintentional injury deaths in Indiana by 10% through the continued development of a comprehensive injury and violence prevention program at the state health department. The program will provide prevention partners focus and direction from the state to maximize injury and violence prevention resources.

State Health Objective Status

Met

State Health Objective Outcome

The Division has continued to develop a comprehensive injury and violence prevention program to maximize injury and violence prevention resources. The Division finalized the state plan for injury and trauma prevention in early 2016, and continues to update and distribute statewide injury and violence prevention resources. The Division continues to provide partners with focus and direction to maximize resources, including directing the Indiana Injury Prevention Advisory Council and other work groups. The overall number of injury deaths is not available for 2016 to calculate the percent change.

Reasons for Success or Barriers/Challenges to Success

The full time injury prevention epidemiologist consultant and Injury Prevention Program Coordinator have made it possible for our division to analyze injury data and implement programs to direct, promote, and focus injury prevention efforts. The epidemiologist analyzes injury data to give the division the ability to focus on data informed result and informed decision-making. The Injury Prevention Program Coordinator focuses on maximizing injury and violence prevention resources statewide. Part of the state plan addresses how to organize and utilize the Injury Prevention Advisory Council to move forward. The injury director continues to manage the National Violent Death Reporting System and the CDC Prescription Drug Overdose Prevention for States, which brings additional grant funding to the division.

Strategies to Achieve Success or Overcome Barriers/Challenges

We have completed several reports, including the special emphasis reports and the Preventing Injuries in Indiana: A Resource Guide. The Division continues to share data with partners for feedback. The division continues to host quarterly meetings for the Indiana Injury Prevention Advisory Council with injury experts who can advise our divisions on future goals and objectives. The division hosted the second annual injury prevention conference and is planning the third annual event.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

We have completed several reports, including the special emphasis reports and the Preventing Injuries in Indiana: A Resource Guide. The Division continues to share data with partners for feedback. The division continues to host quarterly meetings for the Indiana Injury Prevention Advisory Council with injury experts who can advise our divisions on future goals and objectives. The division hosted the second annual injury prevention conference and is planning the third annual event.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Injury Prevention Primary Programming

Between 10/2015 and 09/2016, Injury Prevention Program Coordinator will implement 2 primary prevention programs in the state of Indiana focusing on older adult falls and child passenger safety.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Injury Prevention Program Coordinator implemented 2 primary prevention programs in the state of Indiana focusing on older adult falls and child passenger safety.

Reasons for Success or Barriers/Challenges to Success

The Injury Prevention Program Coordinator became a certified child passenger safety technician and was able to assist with developing a Booster Bash program with partners in the community. Additionally, the Injury Prevention Program Coordinator was able to work with community paramedics to implement STEADI toolkit-adapted program in homes. Without these partners and the dedicated staff to the project, we would not have been able to implement these two programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Injury Prevention Program Coordinator has been able to leverage additional funds through the MCH Title V grant to extend the reach of child passenger safety activities. The new coordinator is still working to identify challenges with the programs and will rely upon partners and the Indiana Injury Prevention Advisory Council members.

Activity 1:

Injury Prevention Primary Programming - Master Trainer status

Between 10/2015 and 09/2016, The Injury Prevention Program Coordinator will achieve "Master Trainer" status in a variety of evidence-based prevention programs to reduce injury in Indiana's leading causes of injury by attending master trainer education events in areas focused on older adult falls and child passenger safety.

In order to become a certified child passenger safety technician instructor, one must:

- Become a certified technician and maintain your certification throughout your instructor candidacy
- Gain experience in the CPS field
- Gather the required information for the [Application for Instructor Candidacy](#)
- Participate in a Certification Course as a course assistant
- Register by paying the instructor candidate [application fee](#) after being a CPS technician for at least six months. At this time you also should contact a certified instructor to discuss who your mentor will be and which class you will participate in as part of your instructor candidacy.
- Submit the [Application for Instructor Candidacy](#) to Safe Kids at least six weeks prior to the registered course that you wish to participate in as an instructor candidate.
- Once you are approved as an instructor candidate, work with your mentor and lead instructor to prepare to teach.
- Teach a Certification Course within one year of being approved as an instructor candidate.

- The lead instructor and your mentor will determine if you have passed or failed instructor candidacy and will send Safe Kids your score along with the [Instructor Candidate Evaluation](#). Upon successful completion of instructor candidacy, your status will change to Certified Instructor.
- Continue working to improve your technical and teaching skills, fulfill your obligations as an instructor, and eventually, consider becoming a lead instructor or a mentor.

In order to become a leader in the "Stepping On" Falls Prevention Program, one must:

- Attend an annual, 3-day leader workshop.
- Coordinate peer leaders in their community (adults older than 60).
- Facilitate the seven *Stepping On* workshop sessions.
- Recruit participants.
- Arrange, reserve and set up the room and equipment for the workshop sessions.
- Prepare materials needed for the sessions.
- Invite the guest experts.
- Prepare and send out the materials needed by the guest experts.
- Create the display.

Once the injury prevention program coordinator is a Stepping On leader, they will explore the possibility of the Indiana State Department of Health becoming a Sponsoring Organization: one that supports and works with *Stepping On* Leaders and other partner organizations to ensure that workshops can take place in Indiana. The injury prevention program coordinator will also explore the requirements of becoming a Master Leader after becoming a Leader.

Activity Status

Not Completed

Activity Outcome

The Injury Prevention Program Coordinator will be becoming master trainers in both of these areas in injury prevention. The incumbent will be a Certified Child Passenger Safety Technician (CPST) Instructor within the next year; however, CPST Instructors have to practice their skills for 6 months as a technician before becoming an instructor. The incumbent is making plans to become a CPST instructor in the future. The new Injury Prevention Program Coordinator is investigating opportunities to become a leader in Stepping On.

Reasons for Success or Barriers/Challenges to Success

The biggest barrier so far is that the Injury Prevention Program Coordinator is new in the position and has not practiced child passenger safety technician appointments long enough to become an instructor or dedicated subject matter expert. The framework to achieve this in place and should be achieved in the following year. These funds have allowed the Injury Prevention Program Coordinator to become certified, without which he would not have been able.

Strategies to Achieve Success or Overcome Barriers/Challenges

The plan is to continue inspecting car seats for community events as well as learning about child passenger safety/older adult falls. In the future, the Injury Prevention Program Coordinator has been able to implement a program and is currently developing strategies to obtain car seats through the MCH Title V grant. The incumbent will become a Stepping On leader in order to implement programs state-wide.

Activity 2:

Injury Prevention Primary Programming - Technical Assistance

Between 10/2015 and 09/2016, The Injury Prevention Program Coordinator will work with the injury prevention coordinators around Indiana by providing technical assistance on their various projects, activities.

Activity Status

Completed

Activity Outcome

The Injury Prevention Program Coordinator has been able to network with fellow certified child passenger safety technicians in order to continuously learn and provide technical assistance to local programs. The incumbent has also been providing assistance in various community-based events, such as performing technician appointments for local child passenger safety inspection stations.

Reasons for Success or Barriers/Challenges to Success

The Injury Prevention Program Coordinator became a certified child passenger safety technician. This has allowed him to be able to provide technical assistance to communities via community outreach events and partnerships related to child passenger safety.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Injury Prevention Program Coordinator has begun developing local and state-wide partnerships in order to increase the amount of technicians and fitting stations. He has been able to educate members of the community at local car seat clinics as well as various other community events.

Activity 3:**Injury Prevention Primary Programming - Collaboration**

Between 10/2015 and 09/2016, The Injury Prevention Program Coordinator will participate in coalitions and work groups to help foster collaboration at the local level with the statewide goals and initiatives in injury prevention.

Activity Status

Completed

Activity Outcome

The Injury Prevention Program Coordinator has been able to network with local hospitals in order to increase the awareness and activities related to injury prevention. The incumbent has also been providing assistance in local car seat inspection stations by conducting car seat inspections at the community level. The incumbent is also part of the Indiana Falls Prevention Coalition, which is currently working to develop partnerships in each community in order to promote fall prevention. Developing relationships with other organizations who are working on similar injury prevention areas has been the priority and it is currently an ongoing goal.

Reasons for Success or Barriers/Challenges to Success

The Injury Prevention Program Coordinator has been able to participate in multiple work groups, including the Indiana Lifelong Coalition, Safe Kids/Automotive Safety Program Advisory Board, Midwest Injury Prevention Alliance, Safe States Alliance, and the Indiana Injury Prevention Advisory Council in order to advance the Division's reach for attaining goals and launching initiatives. These organizations are the avenue for the Division to support statewide injury prevention program coordinators and organizations delivery falls prevention and child passenger safety programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

The biggest barrier has been for the new Injury Prevention Program Coordinator to make connections within each county in order to prevent injury accidents from occurring. Although it has been a barrier, joining statewide groups (such as the Indiana Fall Prevention Coalition & Safe Kids/Automotive Safety Program Board) has helped lower the barrier. The strategies are continuing to develop connections and relationships within counties and regions in Indiana.

Activity 4:**Injury Prevention Primary Programming - Continuing Education**

Between 10/2015 and 09/2016, The Injury Prevention Program Coordinator and Injury Prevention

Epidemiologist Consultant will attend conferences such as Safe States as a representative of Indiana. Attending these continuing education events will give the coordinator the opportunity to bring back findings to the local coalitions and work groups that can be implemented at the local level.

Activity Status

Completed

Activity Outcome

The Injury Prevention Program Coordinator and Epidemiologist were able to attend numerous conferences as representatives for Indiana. Through these experiences, the staff have been able to network with fellow child passenger safety technicians and injury prevention coordinators to be able to provide technical assistance to local Indiana programs. The staff attended the Midwest Injury Prevention Alliance annual conference, Safe States Alliance annual meeting, and other state-based trainings and meetings.

Reasons for Success or Barriers/Challenges to Success

The trainings have allowed staff to become certified in child passenger safety and network to learn about ongoing activities and best practices in the field. The trainings also allow for staff to become subject matter experts.

Strategies to Achieve Success or Overcome Barriers/Challenges

The block grant has been able to support the staff position as well as training and educational opportunities to represent Indiana at national and local conferences. Without this funding, the staff would not be able to obtain this continuing education.

Activity 5:

Injury Prevention Primary Programming - Social Media Outreach

Between 10/2015 and 09/2016, The Injury Prevention Program Coordinator will increase social media activities via twitter and Facebook by creating actionable content that can be utilized at the local level by coalitions and work groups

Activity Status

Completed

Activity Outcome

Twitter is being utilized for the purpose of health communication and outreach. Tweets are being sent out daily to raise awareness around injury prevention, events in the community, and state-wide programs to assist in preventing injuries. We prepare weekly tweets (approximately 15) for review by the Office of Public Affairs. We utilize Hootsuite to load posts ahead of time. Additionally, we assign program staff to manage and check Twitter on a weekly basis.

Reasons for Success or Barriers/Challenges to Success

The biggest barrier is gaining more followers on Twitter and engaging with those that we have.

Strategies to Achieve Success or Overcome Barriers/Challenges

In order to engage with our followers and gain more followers, we continue to mention our Twitter account at all educational events and meetings, and also add information on reports, handouts and brochures.

Activity 6:

Injury Prevention Primary Programming - Health Communications

Between 10/2015 and 09/2016, The Injury Prevention Program Coordinator will create communications working to update our website, distribute and share information with partners, grantees and the CDC.

Activity Status

Completed

Activity Outcome

The Division maintains several health communication channels, including a website, twitter account, newsletters, and GovDelivery digital communication system. The Division's twitter account is separate from the main ISDH account, bi-monthly *Trauma Times* newsletter to trauma stakeholders, and formal ISDH press releases. In addition, the DTIP uses GovDelivery Digital Communication System to send email messages with bulletin detail reports to measure the impact of the digital communication. Through these channels, the Injury Prevention Epidemiologist and Injury Prevention Program Coordinator develops and delivers public health education to trauma stakeholders, grantees, partners, and the general public.

Reasons for Success or Barriers/Challenges to Success

The Injury Prevention Program Coordinator has a background in health education and policy, so he is equipped to effectively communicate health messages. The Office of Public Affairs also assists the Division in sending out Division communication through formal agency press releases, social media, and newsletters.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Division maintains diverse platforms for health communication to ensure that the messages are captured by a variety of populations and stakeholders. The division develops some of its own Indiana-specific messages that are consistent with national organizations to ensure it is applicable to the desired audience. The Division also relies upon partners to share their communications through reading and forwarding electronic communications.

Activity 7:**Injury Prevention Primary Programming - Reporting**

Between 10/2015 and 09/2016, The Injury Prevention Program Coordinator will help in the writing of any CDC-required report.

Activity Status

Completed

Activity Outcome

The Injury Prevention Program Coordinator and Epidemiologist worked with the Division Director to develop injury prevention reports, including CDC-required reports. The staff also worked to prepare materials to disseminate to stakeholders and the general public related to injury prevention activities and general safety messaging.

Reasons for Success or Barriers/Challenges to Success

The Injury Prevention Epidemiologist has been in her position for several years and has had experience with writing reports and completing CDC-required reports. This experience helped to accomplish this activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

The block grant has been able to support the program staff to be able to complete reports and required documents. Without this funding the Division may have had difficulty completing grant requirements and report development.

Activity 8:**Injury Prevention Primary Programming - Grant Activities**

Between 10/2015 and 09/2016, The Injury Prevention Program Coordinator will identify injury prevention grants and lead application process.

Activity Status

Completed

Activity Outcome

The Injury Prevention Epidemiologist and program staff applied for the 2016 Core State Violence and Injury Prevention Program grant, but was unsuccessful in obtaining funds. However, the Division received awards for the CDC Prescription Drug Overdose Prevention for States grant and supplemental application and has been able to conduct those grant activities. The Division is also pursuing funds for child passenger safety activities through the MCH Title V grant and through the Healthy Hoosier Foundation, a non-profit that provides funding for programs at the ISDH.

Reasons for Success or Barriers/Challenges to Success

The Division is gaining momentum to be successful in applying for diverse funding opportunities. The Injury Prevention program staff have been able to utilize partners through the Injury Prevention Advisory Council, CS CollIN, and other work groups.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Division is working closely with partners and the ISDH Office of Grants Management to coordinate existing grant activities and also identify grant partners outside and inside of ISDH. The Division is also documenting Division activities and building infrastructure to be more competitive for future grants.

Impact/Process Objective 2:

Injury Prevention Resource Guide

Between 10/2015 and 09/2016, ISDH and the Injury Prevention Advisory Council (IPAC) will distribute the ISDH Injury Prevention Resource Guide to **250** injury prevention workers, specialists, health care workers, Indiana IPAC, Indiana Department of Child Services, and emergency departments in Indiana.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, ISDH and the Injury Prevention Advisory Council (IPAC) distributed the ISDH Injury Prevention Resource Guide to **750** injury prevention workers, specialists, health care workers, Indiana IPAC, Indiana Department of Child Services, and emergency departments in Indiana.

Reasons for Success or Barriers/Challenges to Success

The Division has worked to widely publicize the Resource Guide, and the injury prevention worker, specialists, and others have been open to receiving the guide and using the information.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Resource Guide can be daunting for some users because they do not see themselves in an injury prevention role. To overcome this, we are working to share the role that all stakeholders play and invite them to use the Resource Guide. The Guide has been publicized on several communication channels as well.

Activity 1:

Conducting Injury Surveillance

Between 10/2015 and 09/2016, The State will conduct injury surveillance by expanding its data collection systems to include: Emergency Medical Services (EMS) (includes collecting naloxone/narcan use), hospitals, INVDRS and rehabilitation facility databases. The injury prevention epidemiologist will provide analysis for motor vehicle injuries, fall-related injury data in collaboration with other State agencies, intentional injury data collected in the Indiana Violent Death Reporting System (INVDRS) database and poisoning and overdose data.

Activity Status

Completed

Activity Outcome

The Division has expanded injury surveillance through additional collection systems including the OptIN registry, hospital discharge, rehabilitation and trauma data, and the Indiana Violent Death Reporting

System (INVDRS) registry. The injury prevention epidemiologist in conjunction with other program staff, are able to compile data into various reports that we share with injury prevention partners and public focusing on our top injury prevention priorities. The Division secured additional funding from the CDC to collect drug overdose information through the INVDRS registry, which is new to this funding cycle.

Reasons for Success or Barriers/Challenges to Success

Full time staff dedicated to analyzing and interpreting meaningful data has allowed the Division to complete reports and disseminate injury data for the purposes of informing injury prevention efforts. This staff analyzes injury data to give the Division the ability to focus on data informed decision-making. The INVDRS project is funded through CDC National Violent Death Reporting System and staff work closely with the injury prevention Epidemiologist to conduct additional violence death surveillance.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Division is funded by the block grant to ensure staff can conduct injury surveillance. Additionally, the Division has participated in the CS CoIIN, which has allowed for additional data collection efforts for child passenger safety and interpersonal violence among children.

Activity 2:

Maintain Partnerships in Support of Injury Prevention

Between 10/2015 and 09/2016, Maintain partnerships with local community coalitions or organizations to promote safety, injury prevention, or violence prevention to develop injury prevention plan. The Indiana Injury Prevention Advisory Council's goal is to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. The goal is through improved collection and dissemination of data and coordination of injury prevention and control efforts, the Indiana State Department of Health will reduce injury-related morbidity and mortality in Indiana.

Activity Status

Completed

Activity Outcome

The Division finalized the state plan for injury prevention earlier this year. The Division has relied upon partnerships with local community coalitions or organizations to promote injury and violence prevention, including the Indiana Injury Prevention Advisory Council as the main partnership to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. The Indiana Injury Prevention Advisory Council hosted four meetings during the funding year, including the second annual conference to improve collection and dissemination of data and coordinate injury prevention efforts.

Reasons for Success or Barriers/Challenges to Success

The Indiana Injury Prevention Advisory Council (IPAC) is made up of approximately 75 individuals who are dedicated to injury prevention promotion in the state of Indiana. This council meets quarterly and contributed to the state injury plan. The injury prevention staff currently chair the council and participate in other councils and coalitions, including: Indiana Safe Kids Advisory Board/ Automotive Safety Program, Indiana State Epidemiology Outcomes Workgroup, the Great Lakes and Mid-Atlantic Regional Network, and the Midwest Injury Prevention Alliance. Additionally, the ISDH participated in the Child Safety Collaborative Innovation and Improvement Network (CoIIN) on the topics of motor vehicle collisions and interpersonal violence. This opportunity has allowed for greater partnership developments.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Child Safety CoIIN has been one strategy to overcome the barriers of meeting new partners and developing partnerships. Additionally, the well-established IPAC has allowed for open collaboration to coordinate injury prevention and control efforts statewide.

Activity 3:

Yielding injury surveillance data

Between 10/2015 and 09/2016, The injury surveillance will yield data which we will use to drive the 5-year Injury Prevention Plan, communicate with injury prevention professionals and the general public through

the development and publication of fact sheets regarding specific types of injuries, and be reported on the Trauma and Injury Prevention website of the ISDH and publish epidemiological reports related to injury such as: a tri-annual report on injuries in Indiana, an annual Fireworks Injuries report, trauma data accuracy report, etc.

Activity Status

Completed

Activity Outcome

We continue to expand our data collection to include motor vehicle injuries, trauma data, rehabilitation data, and fatal and nonfatal injuries. We also collect fireworks injury reports for a legislatively mandated annual report. We have found and utilized other valuable data to compile various reports that we share with injury prevention partners and the public through fact sheets and reports. We complete monthly and quarterly trauma reports, an annual fireworks report, an Injury Prevention Resource Guide, and several epidemiological reports related to injury to drive the development of the injury prevention plan.

Reasons for Success or Barriers/Challenges to Success

The variety of data sources available require full time staff to analyze and interpret their meaning. The block grant has allowed for full time staff to give the Division the ability to focus on data informed results to inform decision-making.

Strategies to Achieve Success or Overcome Barriers/Challenges

Dedicated funds to collecting and analyzing injury data is imperative for the Division. The block grant continues to fund software and staff to be able to achieve our injury surveillance goals. Without this data and without the manpower to analyze, evaluate, and mine new data and analyze it, we would not be able to create the high quality reports and share the volume of information we currently are.

Activity 4:

Improving Coroner Data Collection

Between 10/2015 and 09/2016, Provide training and resources to county coroner offices to improve coroner data collection. Training may include education on the Indiana Violent Death Reporting System data system. Resources may include kits to improve samplings collected by coroners.

Activity Status

Not Completed

Activity Outcome

The Indiana Violent Death Reporting System electronic data system is still in Beta testing and has not been available for dissemination. However, the Division has sought additional funding from the CDC Prescription Drug Overdose Prevention for States grant to purchase kits to improve samples collected by coroners. Staff have also developed an educational curriculum dedicated to this topic, but has not hosted the training yet.

Reasons for Success or Barriers/Challenges to Success

This activity involves the third party vendor as well as working with partners outside of the agency, so the progress has been somewhat slow. The Division received additional funds late in this fiscal year to improve samples collected by coroners and has not been able to implement those activities. However, the staff have entered into discussions with agency leadership in order to develop plans for educating and providing funds for improved surveillance data collected.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Block grant funds, in addition to other CDC funds, have allowed continued funding of software development and staff time in order to achieve our injury surveillance goals and improved data collection. Without this data and without the manpower to evaluate the data, mine new data, and analyze it, we would not be able to improve the information we disseminate for prevention efforts.

State Program Title: Nutrition and Physical Activity

State Program Strategy:

Goal: Between October 2016 to September 2017, the Division of Nutrition and Physical Activity (DNPA) at the Indiana State Department of Health, seeks to reduce the disparities and overall burden of chronic disease in Indiana, and prevent incidence of overweight, obesity and the development of life-long debilitating chronic disease. As a sister division of the Division of Chronic Disease, Primary Care and Rural Health, DNPA is familiar with the burden and implications of failing to prevent the onset of leading causes of morbidity and mortality in Indiana. DNPA serves as the primary prevention of chronic disease in Indiana as it seeks to monitor and improve access to and consumption of healthy, nutritious foods, and access to and engagement in physical activity. DNPA addresses these tasks by working to change the *policies* of municipalities, organizations and communities, the *systems* in which Hoosiers interact, and the *environment* in which residents live, learn and work. DNPA works in domains across the life-span: from breastfeeding to aging in place. The group recognizes the importance of prevention in all settings. Currently, the group is active in: health promotion and marketing, built environment, access to healthy foods in the community, workplace wellness, access to physical activity in the community, and school wellness.

Program Priorities:

- Lead coordinated statewide efforts to improve the weight status of adults, children and adolescents by increasing access to and consumption of healthy foods, and increasing access to and engagement in physical activity through systems-level change, policy, and health communications.
- Improve surveillance, analysis, and communication of overweight, obesity, breastfeeding, physical activity and nutrition indicators.

Primary Strategic Partnership(s):

Internal:

- Maternal and Child Health
- Division of Chronic Disease, Rural Health and Primary Care
- Office of Women's Health
- Office of Minority Health

External:

- Indiana Minority Health Coalition
- Indiana Cardiovascular Health and Diabetes Coalition
- American Heart Association
- Indiana Institute on Disability and Community
- American Diabetes Association
- Indiana Public Health Association
- Indiana Healthy Weight Initiative

Evaluation Methodology: DNPA follows national evaluation guidelines as put forth by the CDC Framework for Evaluation and individual CDC evaluation guides for state-based chronic disease/NPAO public health programs. Annual evaluation plans are utilized to monitor processes and impact of the division and section initiatives.

Additionally, in order to evaluate support provided to local communities for community-wide initiatives, an evaluation plan including process and intermediate outcomes measures will be implemented in collaboration with community partners.

DNPA will evaluate the progress of our goals and objectives with the weight status, fruit and vegetable consumption, and physical activity data retrieved from the Youth Risk Behavior Survey (YRBS), the policies and practices retrieved from the School Health Profiles, number of training opportunities and number of schools/students reached from those trainings, and number of presentations at statewide or regional conferences.

National Health Objective: NWS-2 Nutritious Foods and Beverages Offered Outside of School Meals

State Health Objective(s):

Between 10/2015 and 09/2016, increase the number of youth and adolescents at a healthy weight by employing a spectrum of evidence based strategies in schools, school districts and out-of-school care. DNPA contract position will partner with the Indiana Department of Education, local education agencies, Office of out of School Care, summer care and camp organizations, local YMCAs and others to improve access to healthy foods and time to be physically active for the youth and adolescents in their care.

State Health Objective Status

Not Met

State Health Objective Outcome

Between 10/2015 and 09/2016, the DNPA contract person, Childhood Obesity Prevention Coordinator (COPC), has partnered with multiple outside organizations such as IDOE, local education agencies, Indiana Healthy Weight Initiative, Action for Healthy Kids, and JumpIN for Healthy Kids to provide trainings, technical assistance, and fund conferences to key stakeholders to improve the access to healthy foods and beverages offered outside of the school meal.

Reasons for Success or Barriers/Challenges to Success

The ongoing relationships and collaborations with partner agencies has been very successful. All partners are dedicated and passionate about reducing obesity and increasing access to nutrition and high quality opportunities for physical activity. The collection of quantitative data regarding access to healthy foods has been challenging.

Strategies to Achieve Success or Overcome Barriers/Challenges

To maintain synergy with all our collaborating partners, it has been a priority of the ISDH to remain as transparent as possible with these organizations regarding our goals and objectives, as well as involving these organizations in decision making processes regarding nutrition and physical activity. To address the data collection method, the DNPA is working on identifying a method that will accurately identify success or failure.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block Grant dollars have been leveraged for this objective in the area of PHHSBG supported staff to launch these statewide health initiatives. COPC has used work time to partner with previously listed community and statewide partners.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Childhood Obesity Primary Prevention Programming

Between 10/2015 and 09/2016, Childhood Obesity Program Coordinator will implement **16** school district programs across the state to improve access to healthy foods in schools and access to physical activity during the school day.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Childhood Obesity Program Coordinator implemented 0 school district programs across the state to improve access to healthy foods in schools and access to physical activity during the school day.

Reasons for Success or Barriers/Challenges to Success

Between COPC's time at ISDH, no district-wide programs were implemented. In this time COPC is familiarizing himself, as well as being trained on the implementation of these district-wide programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

As previously stated, COPC did not implement any district-wide programs. COPC was provided assistance from DNPA (Division of Nutrition and Physical Activity) colleagues on implementing programs, but did not implement programs within the stated timeline.

Activity 1:

Childhood obesity primary prevention—technical assistance

Between 10/2015 and 09/2016, Program Coordinator will provide technical assistance and training to school districts and out-of-school time organizations across the state on best practices regarding improving access to healthy food and places to be physically active.

Activity Status

Not Completed

Activity Outcome

COPC was able to provide technical assistance to school districts and out-of-time school organizations on best practices regarding improving access to healthy food and places to be physically active. Within the 6 weeks that COPC was employed with the ISDH, he was able to travel to multiple school districts across the state to provide assistance, as well as communicating via email and phone to other organizations and schools districts on the topics of nutrition and physical activity.

Reasons for Success or Barriers/Challenges to Success

COPC found that cooperation from both school organizations and the ISDH was key to success. Organizations who were supported by the ISDH found success regarding technical assistance. The only barrier that could be identified for this objective would be that schools and organizations who were not receptive to technical assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges

Best successes were seen when districts and organizations were open to ISDH technical assistance. It was easiest to reach out to these entities when they not only needed assistance, but wanted technical assistance from ISDH. Multiple lines of communication would be attempted to those not wanting assistance.

Activity 2:

Childhood obesity primary prevention—training

Between 10/2015 and 09/2016, Program Coordinator will conduct five training opportunities (state-wide) on the topics of nutrition standards and food service training.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Stated objective could not be achieved within this timeline. No trainings were available to COPC between 08/2016 and 09/2016.

Strategies to Achieve Success or Overcome Barriers/Challenges

In the future, COPC will collaborate with nutrition lead of ISDH, as well as community partners and organizations who work in the field of nutrition education and food service training to provide opportunities on those topics.

Activity 3:**Childhood obesity primary prevention—Continuing Education**

Between 10/2015 and 09/2016, Program coordinator will attend at least one national training event or conference on the topic of childhood obesity prevention, or a specific strategy with which to prevent it.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The only problems/issues with this objective was the issue of no conferences or trainings being available on the topics of childhood obesity prevention.

Strategies to Achieve Success or Overcome Barriers/Challenges

In the future, there should not be an issue achieving this objective. COPC will attend trainings or conferences that are relevant to position and childhood obesity prevention.

Activity 4:**Childhood obesity primary prevention—Collaboration**

Between 10/2015 and 09/2016, Program coordinator will serve on three state-wide, regional, and local coalitions dedicated to childhood obesity prevention efforts. He or she will represent ISDH and promote the use of factual and evidence based strategies and efforts. Internally, program coordinator will collaborate with appropriate divisions including: Maternal and Child Health, Division of Chronic Disease, Rural Health and Primary Care, Office of Women's Health, Office of Minority Health. Additionally, program coordinator will ensure collaboration with the Indiana Department of Education, including their nutrition services department, school nurse department and physical & health education department.

Activity Status

Not Completed

Activity Outcome

At this time, COPC did begin participation on one regional coalition dedicated to childhood obesity prevention efforts, JumpIN for Healthy Kids. However, he did not yet join any statewide or local by 09/2016. COPC was able to collaborate with these coalitions after 09/2016. In the future COPC will serve on these coalitions and promote factual and evidence based strategies and efforts.

Reasons for Success or Barriers/Challenges to Success

The only problems/issues that were encountered that hindered successfully achieving this objective was due to time. COPC was not able to serve on any statewide coalitions within this timeline.

Strategies to Achieve Success or Overcome Barriers/Challenges

In the future, COPC will serve on statewide and local coalitions, in addition to regional, that promote education and evidence-based strategies that are dedicated to childhood obesity efforts. COPC will ensure collaboration with the Indiana Department of Education, including their nutrition services department, school nurse department and physical and health education department.

Activity 5:**Childhood obesity primary prevention—Statewide education**

Between 10/2015 and 09/2016, Program coordinator will present at a minimum of three statewide or

regional conferences regarding evidenced based practice for school, or out-of-school time professionals.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The only barriers encountered were that of time. As previously stated, COPC did not have time to complete stated objective as he has only been employed 6 weeks.

Strategies to Achieve Success or Overcome Barriers/Challenges

In the future, COPC will be able to complete this stated objective, having the support of DNPA to present at statewide or regional conferences. Block grant dollars will need to be leveraged to complete this stated objective.

National Health Objective: PA-3 Adolescent Aerobic Physical Activity and Muscle-Strengthening Activity

State Health Objective(s):

Between 10/2015 and 09/2016, DNPA will increase the number of adolescents who meet the recommended level of physical activity in a week. DNPA contract position will partner with the Indiana Department of Education, local education agencies, Office of out of School Care, summer care and camp organizations, local YMCAs and others to improve access to physical activity for the youth and adolescents in their care.

State Health Objective Status

Not Met

State Health Objective Outcome

COPC was able to partner with the Indiana Department of Education, LEAs, and other organizations to improve access to physical activity for youth and adolescents in their care. COPC and DNPA will need to collect data in the future to understand the total reach of their efforts for this objective.

Reasons for Success or Barriers/Challenges to Success

In the future, COPC will continue collaboration and synergistic efforts to continuing working with these organizations to achieve the stated objective.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategies used to achieve this objective are based on collaborations with community and regional partners. COCP will continue to collaborate with these organizations and coalitions to improve the access to physical activity for youth and adolescents in their care. As stated, DNPA will need to quantify data to better understand the reach of their efforts.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG supported staff time to launch these health initiatives will be crucial to success of the objective. Block grant dollars will need to be leveraged to support COPC in this ongoing objective.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Increase access to places to be physically active in Indiana

Between 10/2015 and 09/2016, Division of Nutrition and Physical Activity (DNPA) will conduct **10** professional development trainings on increasing access to physical activity for Indiana youth and adolescents.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Division of Nutrition and Physical Activity (DNPA) conducted **14** professional development trainings on increasing access to physical activity for Indiana youth and adolescents.

Reasons for Success or Barriers/Challenges to Success

DNPA was able to conduct 14 professional development trainings on increasing access to be physically active for Indiana youth and adolescents. DNPA has been able to provide trainings on a wide variety of subjects that include, but are not limited to, walking school bus, comprehensive school physical activity program (CSPAP) and SPARK Physical Education trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges

To achieve this stated objective, DNPA's partnerships with community and statewide organizations was crucial. DNPA staff has been able to successfully conduct and facilitate these trainings because of the collaborations with outside coalitions. Professional developments have been and will continue to be ongoing on the topics of increasing access for Indiana youth and adolescents.

Activity 1:**Access to physical activity—Safe Routes to School**

Between 10/2015 and 09/2016, The Coordinator will be coordinating regional trainings of school staff from a variety of school corporations and respective community members. DNPA plans to reach 15-30 people per training.

Activity Status

Completed

Activity Outcome

DNPA was able to train school staff members on how to have a walking school bus, which specifically addresses Safe Routes to School. DNPA contracted with an outside vendor, PedNet, to facilitate the trainings in 6 locations throughout the state. These trainings were well-attended and included school teachers, administrators, and community members.

Reasons for Success or Barriers/Challenges to Success

The relationships that DNPA has cultivated with selected LEAs and community groups throughout the state allowed for widespread promotion and ease of scheduling facilities. Another success was leveraging dollars from our portion of the Title V grant through our Maternal and Child Health Division. A challenge included reaching enough attendees in the far northwest part of the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

In order to overcome challenges, DNPA will be strengthening partnerships with schools and community groups in the areas with lower attendance.

Activity 2:**Access to physical activity—training**

Between 10/2015 and 09/2016, The Coordinator will be training school staff from a variety of school corporations, specifically, but not limited to, physical education teachers, regionally throughout the state. DNPA plans to reach 15-30 people per training.

Activity Status

Completed

Activity Outcome

DNPA was able to conduct and facilitate trainings for school staff from a variety of school corporations on the topics of access to physical activity. DNPA was completed this objective by conducting walking school bus and CSPAP professional developments. DNPA was able to reach in most cases the stated objective of 15-30 people per training.

Reasons for Success or Barriers/Challenges to Success

Barriers encountered that may hinder participation in the future for these trainings include time and funding. School Corporations are not always able to provide coverage for costs to send professionals to certain training opportunities.

Strategies to Achieve Success or Overcome Barriers/Challenges

To achieve the stated objective in the future, DNPA will be working on strategies to assist school corporations with coverage of costs. Block grant dollars may be used to do so, if this is a viable option. DNPA will require full administrative support to achieve this objective.

Activity 3:**Access to physical activity—Collaboration**

Between 10/2015 and 09/2016, Program coordinator will serve on three state-wide, regional, and local coalitions dedicated to childhood obesity prevention efforts. Internally, program coordinator will collaborate with appropriate divisions including: Maternal and Child Health, Division of Chronic Disease, Rural Health and Primary Care, Office of Women's Health, Office of Minority Health. Additionally, program coordinator will ensure collaboration with the Indiana Department of Education, including their physical & health education department.

Activity Status

Not Completed

Activity Outcome

Within this timeline, COPC was able to begin participation on one regional coalition, JumpIN for Healthy Kids. Non-program coordinator (other DNPA members) were able to complete this objective by serving on other coalitions, as well.

Reasons for Success or Barriers/Challenges to Success

Barriers, such as time, have been identified that may have hindered the completion of this objective. Within the given time of employment for program coordinator, only one coalition collaboration was executed.

Strategies to Achieve Success or Overcome Barriers/Challenges

In the future, COPC will participate on multiple coalitions dedicated to childhood obesity prevention efforts, some of which other DNPA staff members are part of. State and local coalition have been very inviting to having a representative from DNPA serve on their coalitions. Administrative and block grant support will be needed in the future to complete this stated objective.

Activity 4:**Access to physical activity—policy development**

Between 10/2015 and 09/2016, DNPA will work with YMCAs, local school districts, out-of-school-time caregivers and other community organizations on implementing site and agency specific protocols on increasing the number of minutes of physical activity offered to youth and adolescents in their care.

Activity Status

Completed

Activity Outcome

Even within given timeline, COPC was able to assist schools and protocols that will increase number of minutes of physical activity offered to youth and adolescents in their care. COPC was able, and will continue to assist LEAs in the re-writing and implementation of their districts wellness policies. These policies act as guidance for all school employees on protocols related to physical activity.

Reasons for Success or Barriers/Challenges to Success

Previous relationships DNPA already had in place with LEAs made the completion of this objective possible for COPC. LEAs were open to COPC assistance because of the past relationships they had with members of DNPA. LEA administrative support appeared to be the only issue with implementing these best practices that relate to physical activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

In the future, DNPA and COPC will continue to act as subject matter experts in the areas of policy development. COPC will assist districts with the implementation of their wellness policies and protocols. COPC will require to DNPA support to sometimes travel to these LEAs for assistance. When issues arise within a particular LEA, COPC will work with other members of DNPA and local relevant organizations to address these issues.

State Program Title: Office of Women's Health**State Program Strategy:**

Goal: Between October 2016 and September 2017, the OWH will support the annual ISDH Labor of Love Infant Mortality Summit and host a State Breastfeeding Conference to ensure that high quality information related to women's health, maternal health and reducing infant death reaches the community partners that can aid the ISDH in reducing infant death in Indiana.

Health priority: The primary health priority for this proposal is to reduce the infant mortality rate in Indiana. The secondary health priority addressed is increasing exclusive breastfeeding, particularly for those mothers and infants at higher risk for infant mortality.

Program Priorities: The primary priorities of this program are to improve education on the risks and protective factors related to infant mortality; to help lead coordinated statewide efforts to improve health outcomes for mothers and babies at risk for infant morbidity and mortality; and to advance public health strategies to improve the rates of exclusive breastfeeding through education and health communications.

Primary Strategic Partners:**Internal:**

Maternal Child Health
Women, Infants and Children (WIC)
Division of Nutrition and Physical Activity
Office of Minority Health
Child Fatality Review
Division of Trauma and Injury Prevention
Immunization
Local Health Department Outreach

External:

Indiana Breastfeeding Coalition
Indiana Perinatal Network
Indiana Black Breastfeeding Coalition

Evaluation Methodology: The Office of Women's Health follows national evaluation guidelines as put forth by the CDC Framework for Evaluation. Evaluation methods include in-person learning sessions that will focus on process and outcome assessment of education provided. The educational sessions will convene and mobilize stakeholders to address critical health burdens related to infant mortality and evaluation will be tailored for each stakeholder group to assess reach, scope and effectiveness of the activity.

National Health Objective: MICH-1 Fetal and Infant Deaths**State Health Objective(s):**

Between 10/2015 and 09/2016, the OWH will support the annual ISDH Labor of Love Infant Mortality Summit and host a State Breastfeeding Conference to ensure that high quality information related to women's health, maternal health and reducing infant death reaches the community partners that can aid the ISDH in reducing infant death in Indiana.

State Health Objective Status

Met

State Health Objective Outcome

The statewide breastfeeding conference, "Innovations in Breastfeeding Research and Practice," was designed to highlight both innovative research as well as breastfeeding support programs that are evidence-based, have shown promise or have been transformative in their communities. Approximately 100 breastfeeding advocates from across the state attended the conference. The attendees were presented with information to improve and enhance their breastfeeding practice with Hoosier mothers and babies. This conference was designed for breastfeeding advocates and health professionals who are aware of the significant and positive health impact breastfeeding has for mothers and babies, but would

benefit from exposure to cutting-edge research and unique practice techniques to improve their own practices and support of breastfeeding mothers.

Reasons for Success or Barriers/Challenges to Success

The location of the “Innovations in Breastfeeding Research and Practice” conference was a barrier to its success. Per the conference evaluation forms, attendees had a difficult time accessing the venue.

Strategies to Achieve Success or Overcome Barriers/Challenges

The 2017 State Breastfeeding Conference is being hosted in a different venue to accommodate a larger crowd and provide more community professionals, advocates, and health care professionals with pertinent information about increasing breastfeeding rates in the State.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The OWH used Preventive Health & Health Services block grant dollars to host the first state breastfeeding conference. This emphasis on breastfeeding has allowed staff to rally internal and external partners to work together by sharing resources to improve breastfeeding rates and infant mortality. Due to the success of the first state breastfeeding conference, the agency will host another breastfeeding conference in February 2017.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

ISDH Labor of Love Annual Infant Mortality Summit

Between 10/2015 and 09/2016, Office of Women's Health will provide evidence-based and promising strategies and research to guide prevention and intervention work to **850** community professionals, advocates and healthcare professionals.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Office of Women's Health provided evidence-based and promising strategies and research to guide prevention and intervention work to **739** community professionals, advocates and healthcare professionals.

Reasons for Success or Barriers/Challenges to Success

The Labor of Love Infant Mortality Summit has been successful due to its program structure in addressing multi-faceted approaches to reducing infant mortality. To ensure continued program success, the Labor of Love Infant Mortality Summit must be inclusive of the diverse population in the State and find speakers and workshops that will address prevention programming aimed at disparate populations.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Labor of Love Infant Mortality Summit will need to have an emphasis on leveraging community-level partnerships as a front-line tool to reducing the State's infant mortality rates. Expanding agency partnerships with external programs like the Nurse Family Partnership of Goodwill Industries will aid in connecting families with the economic and educational resources that will aid in reducing infant mortality in the State.

Activity 1:

Labor of Love Summit

Between 10/2015 and 09/2016, the OWH will support the annual ISDH Labor of Love Summit, which hosted over 700 community professionals, advocates and healthcare professionals in 2015. The goal for 2016/2017 is to expand programming and provide high-quality speakers that address issues related to

women's health, with a strong focus on maternal and infant health.

Activity Status

Completed

Activity Outcome

The 2016 Labor of Love Infant Mortality Summit hosted 739 community professionals, advocates, and health care professionals.

Reasons for Success or Barriers/Challenges to Success

The 2016 Labor of Love Infant Mortality Summit focused on the importance of partnerships in addressing infant mortality. Summit speakers provided information aimed at educating conference attendees on the linkages between the State's infant mortality rate with breastfeeding, safe sleep, smoking cessation, and prenatal care. In addition, direct on-scene education was provided to first responders to engage this group as another resource in reducing infant mortality.

Strategies to Achieve Success or Overcome Barriers/Challenges

Moving forward, planning for the Labor of Love Infant Mortality Summit should continue to include addressing multi-faceted approaches to reducing infant mortality to ensure continued program success.

Activity 2:

Labor of Love Breastfeeding Conference

Between 10/2015 and 09/2016, the OWH will host a State Breastfeeding Conference to further support the ISDH's key indicator of reducing infant death. The goal for 2016/2017 is to increase capacity from 100 attendees to 150 in 2017.

Activity Status

Not Completed

Activity Outcome

The Office of Women's Health is working in conjunction with the Maternal and Child Health Division to plan the 2017 Statewide Breastfeeding Conference, "Overcoming Barriers; Finding Common Ground." This conference will discuss the State's breastfeeding plan with community stakeholders. Topics that will be addressed for conference attendees are breastfeeding disparities among cultural, ethnic, and socioeconomic group and workplace practices that promote breastfeeding for businesses of all sizes.

Reasons for Success or Barriers/Challenges to Success

Planning to achieve this objective has begun and barriers have not been encountered.

Strategies to Achieve Success or Overcome Barriers/Challenges

Dedicating funds to expanding the agency's breastfeeding initiatives is imperative to continue addressing infant mortality in the State. Without this conference, the ISDH would not be able to provide the quality health education to a variety of health and human service providers. Planning meetings have begun with multiple divisions within the agency.

State Program Title: Public Health Performance Infrastructure**State Program Strategy:**

Goal: Between 10/2016 and 09/2017, continue to improve the overall quality and capabilities of Indiana's public health system through training events. There will be a specific focus on the quality improvement, performance management, workforce development, and other data and system infrastructure activities to support the work for public health and public health accreditation.

Program Priorities: To improve the health of Indiana, the public health infrastructure is a critical component. Improved technology for electronic reporting systems for food safety and tuberculosis (TB); a learning management system to improve the education and flow of information to public health professions; electronic display of public health data in Indiana; and the goal of improving health outcomes through quality improvement are the foundations of public health in the 21st Century.

Primary Strategic Partners: Indiana University, Purdue University, local health departments, Non-Governmental Organizations (NGO), and other state universities

Evaluation Methodology: Number of trainings, attendance at trainings, pre- and post-evaluations to compare and record knowledge gained from trainings.

National Health Objective: PHI-2 Continuing Education of Public Health Personnel**State Health Objective(s):**

Between 10/2015 and 09/2016, Increase the workforce development and training opportunities for Public Health workers in Indiana.

State Health Objective Status

Met

State Health Objective Outcome

In May of 2016, ISDH hired a full time workforce development coordinator. This person is responsible for increasing the workforce development and training opportunities for public health workers. New opportunities included: developing and publishing a number of courses in the TRAIN learning management system, and offering and planning Leadership at all Levels courses offered to state government staff.

Reasons for Success or Barriers/Challenges to Success

Because the workforce development coordinator wasn't hired until halfway through the fiscal year, workforce development activities were initiated later in the grant period than originally anticipated. The coordinator needed time to get acclimated to IN-TRAIN and advertise its services to divisions in the agency to develop Indiana specific content. In addition, IN-TRAIN content development was slower than anticipated due to some aspects of the platform being user-unfriendly.

ISDH's signature leadership class: Leaderships At All Levels (LaaL), was offered at no cost to participants at the agency (as well as other government employees). The program has a graduation rate of over 80%.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Office of Public Health Performance Management looks forward to a more user-friendly IN-TRAIN platform. This platform will make it easier for Indiana specific content development, as well as increased usage among public health workforce.

Leadership At All Level (LaaL) courses were offered once a week and participants were given opportunities to make up classes and miss an allowed number of classes in order to allow the participants

to also focus on their regular work duties. A graduation ceremony was held for those that completed each course and supervisors were invited to acknowledge the outstanding accomplishment their colleagues had achieved. Individuals who completed the core session but could not attend the intermediate session will be provided another opportunity the following year when another round of courses are offered.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The Office of Public Health Performance Management utilized block grant funding for the salaries and fringe benefits of staff members which assist individuals with the IN-TRAIN system and assist in facilitating LaaL. LaaL was offered at no cost to the participants and was fully funded by the division's block grant funding. This included the purchase of materials and books for the learning of the registrants.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Provide access to educational resources and trainings.

Between 10/2015 and 09/2016, ISDH and contractors will conduct 5 trainings/education opportunities for public health workforce.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, ISDH and contractors conducted 12 trainings/education opportunities for public health workforce.

Reasons for Success or Barriers/Challenges to Success

The success of IN-TRAIN is largely dependent on the development of relevant, Indiana specific content. Five ISDH divisions took advantage of IN-TRAIN as a way to provide continuing education to their partners across the state. One drawback of the IN-TRAIN system is some users find the platform to be clumsy, necessitating a high level of technical assistance. Leadership at all Levels has been successful due to its integration in ISDH culture, high quality of material, and engaging lecturers.

Strategies to Achieve Success or Overcome Barriers/Challenges

A full-time administrator for IN-TRAIN was not provided until 5/2016, so with her training and further expertise on the site, the speed and agility to create these courses will be much improved. OPHPM will be advertising to ISDH divisions the advantage of using the IN-TRAIN tool, especially after the system-wide update. The Office hopes to recruit more divisions to develop content to push to public health practitioners statewide. For other trainings, the department utilizes an array of training styles including: in-person sessions, on-line sessions, as well as traveling to other regions when available.

Activity 1:

Analyze training data

Between 10/2015 and 09/2016, Continue to collect data from training participants to determine success of the training and assess gaps in training that will be addressed in future educational events.

Activity Status

Completed

Activity Outcome

OPHPM ensures each training is evaluated to determine outcomes of the courses are assessed. For

example, evaluations are collected after Leadership at all Levels (LaaL) and evaluations of IN-TRAIN courses through the TRAIN.com portal. To assess staff training needs, a workforce development survey was developed, however was not deployed at the end of the grant period.

Reasons for Success or Barriers/Challenges to Success

Evaluations are accepted and understood at the health department, so it is not difficult to achieve appropriate response rates. The LaaL course received positive reviews on the evaluations. Changes were made to the course to accommodate feedback received. A workforce development survey was planned, but delayed to ensure it coincided with accreditation needs.

Strategies to Achieve Success or Overcome Barriers/Challenges

Evaluations will continue to be sent out after the E-Learning courses and Leadership at all Levels courses are finished. The workforce development survey is currently being reviewed as the agency is planning for accreditation.

Activity 2:

E-Learning modules

Between 10/2015 and 09/2016, Develop E-Learning position to work with internal ISDH to create online learning modules to be hosted on ISDH Learning Management System (LMS), Indiana TrainingFinder Real-time Affiliate Integrated Network (IN-TRAIN).

Activity Status

Completed

Activity Outcome

Full-time position was filled during period.

Reasons for Success or Barriers/Challenges to Success

Position was filled 05/2016 for the IN-TRAIN learning management system. One particular barrier has been advertising to ISDH staff that this is now an option for ISDH divisions when it hadn't been an option prior to 05/2016.

Strategies to Achieve Success or Overcome Barriers/Challenges

Since the hire date of the IN-TRAIN Administrator, numerous Indiana specific courses have been created from five divisions. Postings have been created on the intranet site and emails have been sent out to ISDH staff informing them of this updated opportunity.

Activity 3:

Local Health Departments and IN-TRAIN

Between 10/2015 and 09/2016, Identify new training opportunities for LHDs through the IN-TRAIN learning management system and collect evaluation and assessment data.

Activity Status

Completed

Activity Outcome

Five different divisions in the agency authored IN-TRAIN courses including: Trauma and Injury Prevention, Tuberculosis/Refugee (TB), Oral Health, and Women, Infant, Children (WIC) Nutritional Services Training.

Reasons for Success or Barriers/Challenges to Success

Workforce development coordinator was hired in May of 2016, so dissemination and authorship of new IN-TRAIN courses was delayed, however OPHPM is confident participation will continue to increase.

Strategies to Achieve Success or Overcome Barriers/Challenges

Since the hire date of the IN-TRAIN Administrator, numerous courses have been created. Postings have been created on the intranet site and emails have been sent out to ISDH staff informing them of this updated opportunity. OPHPM will continue to advertise this service to ISDH staff and others. New IN-TRAIN platform will make the service more user friendly, increasing the likelihood of use.

Activity 4:

Workforce Development and Public Health Accreditation

Between 10/2015 and 09/2016, Domain 8 is focused on workforce development and is a requirement for Public Health Accreditation. ISDH is one of the primary resources for LHDs to receive continuing education and workforce development activities. Workforce development activities will include access to all public health workers to the IN-TRAIN e-learning system. This work is supported by the addition of the e-Learning Developer in Office of Public Health Performance Management Infrastructure. This activity is also supported by strong internship opportunities throughout the agency to be enhanced by adding work shadowing and project experience for public health students at all levels (Masters, PhD, Faculty). Development of ISDH employees is also vital to the continued growth of the agency. ISDH plans to deepen its engagement with the Fairbanks School of Public Health and establish a certification process for ISDH employees to complete course work to attain a Certification in Public Health (CPH). These courses will be readily available and accessible to employees as they will be hosted at the ISDH.

Activity Status

Completed

Activity Outcome

The Office of Performance Management and Public Health hired a workforce development coordinator in May of 2016. This person is responsible for the management of the IN-TRAIN learning management system. She assists divisions within the agency to author and upload their professional development sessions into the IN-TRAIN, provides technical assistance to end users, and collects evaluations for each course.

The Office of Performance Management offered 3 training sessions to Local Health Departments in each the northern, central, and southern region. This training covered specifics inside Domain 9 of the Standards and Measures for accreditation, the framework for a performance management system, and build upon quality improvement inside health departments.

ISDH internships for MPH and MD students have been reorganized to accommodate more interns in a broader spectrum of locations within ISDH.

Initial contact with the Fairbanks School of Public Health regarding a Certification in Public Health has been made, however nothing was cemented in this grant period.

Reasons for Success or Barriers/Challenges to Success

The workforce development coordinator was hired in the middle of the grant period, pausing the development and deployment of E-Learnings.

The regional sessions for LHD considering accreditation was generally well received. Although some health departments felt it was more advanced than what they were requiring, most agreed that the information was applicable and worth their time. The LHD particularly appreciated having sessions in their region as a way to reduce travel time and expenses.

ISDH intern opportunities are limited to MPH and MD and not for undergraduates. Internships are also limited to times of the year that the students can take the internships. Fairbanks School of Public Health indicated they would like to pilot the certification classes for their internal staff before deploying to ISDH.

Strategies to Achieve Success or Overcome Barriers/Challenges

Workforce development coordinator will continue to receive professional development on IN-TRAIN. A new, more user-friendly, IN-TRAIN platform will reduce TA needs from end-users.

More regional sessions will be considered as a way to increase participation from LHD in learning events and professional development.

OPHPM will continue to encourage divisions to seek interns. The division will also explore ways to streamline and standardize the internship process.

OPHPM will reach out to Fairbanks School of Public Health in the next grant period to provide certification classes at the agency.

Activity 5:

Leadership at All Levels Training

Between 10/2015 and 09/2016, Host the intermediate and advanced series of Leadership at All Levels for ISDH and other state agency staff to develop and encourage leadership skills within the agency. The impact of these trainings will result in a more knowledgeable, informed workforce in Indiana.

Activity Status

Not Completed

Activity Outcome

A core course of Leadership At All Levels (LaaL) was held in the spring of 2016. The intermediate course was held in the summer of 2016 and the advanced course has been scheduled for spring of 2017.

Reasons for Success or Barriers/Challenges to Success

Due to the workforce development coordinator being hired halfway through the fiscal year, the timeline for implementing these classes was pushed back. One challenge in providing LaaL is a limited number of course instructors which restricts the number of participants that can be enrolled in this very popular course.

Strategies to Achieve Success or Overcome Barriers/Challenges

There has been a continued interest in LaaL with attendance increasing for each cohort; ISDH will explore additional instructors for the course.

Activity 6:

Educational Resources and Training that Address the ISDH Priority Areas.

Between 10/2015 and 09/2016, The Office of Public Health and Performance Management (OPHPM) will provide educational resources, training and events that focus on the agency's top priorities: infant mortality, adult obesity and adult smoking.

Activity Status

Not Completed

Activity Outcome

Examples of courses pertaining to infant mortality that were authored by ISDH divisions: Infant mental health course, Women, Infant and Children (WIC) nutrition services course. Tobacco and adult obesity courses have yet to be developed and deployed on IN-TRAIN.

Reasons for Success or Barriers/Challenges to Success

The workforce development coordinator (the staff responsible for IN-TRAIN) was hired halfway through the fiscal year. Additional courses were delayed due to training needs for the coordinator.

Strategies to Achieve Success or Overcome Barriers/Challenges

The position of IN-TRAIN administrator has been filled and the IN-TRAIN administrator has been attending seminars and training sessions to understand and grow in her abilities to utilize the site and make it as user-friendly as possible. OPHPM will more actively recruit for divisions who are responsible for adult obesity and tobacco use.

Activity 7:**Support Continuing Education Events.**

Between 10/2015 and 09/2016, Cover conference registration fees for ISDH employees. Provide continuing education opportunities on and off site for ISDH and Local Health Department (LHD) staff.

Activity Status

Not Completed

Activity Outcome

OPHPM staff attended the National Network of Public Health Institutes in the spring of 2016. OPHPM offers continuing education for Local Health Department (LHD) staff through IN-TRAIN throughout the year. In this grant period OPHPM provided additional education opportunities in three offsite, regional, locations to LHD staff interested in pursuing accreditation. Additionally, Leadership at all Levels trainings was offered to ISDH staff for continuing education.

Reasons for Success or Barriers/Challenges to Success

Small division so multiple people attending can leave little to no support in the office.
Limited space in LAAL Classes, which lends itself to waiting lists and the potential of lost interest if interested people are unable to register.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff who attend conferences or events are asked to bring back materials and notes to present to other staff in the agency. This way the knowledge gained is amplified.

LaaL gives those on the waitlist an edge in applying for the next course. OPHPM will explore additional leadership, quality improvement, and change management training to ISDH staff that dovetail with current agency initiatives. Additionally, OPHPM will explore how to train LHD and other public health workforce. Ideas include: more regional trainings, IN-TRAIN, through the Local Health Department outreach division.

National Health Objective: PHI-13 Epidemiology Services**State Health Objective(s):**

Between 10/2015 and 09/2016, Increase analytical capacity of epidemiologists and data analysts using Statistical Analysis Software (SAS).

CDR Claudine Samanic will assist the Indiana State Department of Health to use health data, especially population-based data, to perform the essential functions of chronic disease epidemiology through direct assistance assignment by the Centers for Disease Control and Prevention.

State Health Objective Status

Met

State Health Objective Outcome

Provided technical assistance and review of blood lead data, reviewed annual report for Lead and Healthy Homes Program; evaluated dataset to see what data might be needed to address lead exposure among refugee children in Marion County and Allen County who used cosmetic products and digestive aids/medicines, answered data requests and questions related to lead exposure in East Chicago; reviewed cancer cluster protocol revisions and participated in discussions; authored report for Howard County cancer inquiry; serve on Indiana Cancer Consortium data committee; reviewed State Epidemiologic Outcomes Workgroup (SEOW) substance abuse and mental health prevention priorities and provided comments/suggestions for revision.

Reasons for Success or Barriers/Challenges to Success

Deliver and publish Lead and Health Homes report; develop reports of shared data with federal and other agencies related to East Chicago lead response; cancer cluster protocol review allowed ISDH to conduct more streamlined, timely investigations and include other partners, such as Environmental Health; authoring Howard County report allowed response to specific request and provided data to the community; published SEOW report provided guidance for statewide substance abuse and mental health prevention activities for strategic allocation of resources .

Strategies to Achieve Success or Overcome Barriers/Challenges

Built relationships and collaborations with internal programs and external partners; leveraged her extensive experience in environmental health, cancer epidemiology, and data analysis; applying teamwork and communication skills.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Used block grant dollars to support CDR Samanic's salary and fringe benefits and work equipment/supplies.

OBJECTIVES – ANNUAL ACTIVITIES**Impact/Process Objective 1:****Essential Functions of Chronic Disease Epidemiology in State Health Departments.**

Between 10/2015 and 09/2016, Claudine Samanic will provide technical support to 2 peer review panels to evaluate national grant applications regarding CDC funding related to chronic disease.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Since Claudine did not start until April 11, she did not yet accomplish this objective; due to timing, many applications had already been submitted.

Strategies to Achieve Success or Overcome Barriers/Challenges

Increase communication and visibility of Claudine's assistance to ISDH programs in this regard.

Activity 1:**General Consultation and Assistance to ISDH.**

Between 10/2015 and 09/2016, Provide general consultation and assistance to the ISDH Chronic

Disease Division, Environmental Health Division, and Trauma and Injury Prevention Division, among others, within the Indiana State Department of Health.

Activity Status

Completed

Activity Outcome

Community paramedicine: spearheaded efforts to establish statewide association for community paramedicine programs in Indiana and implement standardized collection of utilization and performance measures across community paramedicine programs; establish mechanism for secure data transfer and storage of this data at ISDH. Served on review panel to score proposals that were submitted in response to Request for Proposal for the 2017 Indiana Alcohol and Tobacco Survey. Supported programs to create a process for obtaining Medicaid data: developing protocol for Medicaid data requests and determining solutions to barriers to obtaining data. Collaborated with study Principal Investigator to analyze data from Scott County HIV outbreak cohort study. Supported Office of Public Health Performance Management to begin development of agency mentoring program.

Reasons for Success or Barriers/Challenges to Success

Data analysis for Scott County HIV cohort study will allow federal and state agencies to better understand the interplay of risk factors and social determinants of health related to injection drug use in rural settings, which will allow development of prevention and intervention models better suited HIV and hepatitis C transmission related to injection drug use in rural settings. Eventually community paramedicine efforts will build evidence base to support third-party reimbursement of community paramedicine visits as an alternative source of primary health and continued care for underserved populations. Obtaining Medicaid data will allow ISDH to more effectively and efficiently submit required performance measure data to CDC and other funders.

Strategies to Achieve Success or Overcome Barriers/Challenges

Built relationships and collaborations with internal programs and external partners; leveraged her extensive experience in environmental health, cancer epidemiology, and data analysis; applying teamwork and communication skills.

Activity 2:

Collaboration and linkage at ISDH.

Between 10/2015 and 09/2016, Ensure collaboration and linkage between the ISDH Chronic Disease Division in the use of data collection tools and development of various reports.

Activity Status

Completed

Activity Outcome

Building data source for community paramedicine programs: identifying data elements and mechanism to collect data to ultimately generate reports.

Reasons for Success or Barriers/Challenges to Success

Main barrier is getting necessary approvals in a timely manner and achieving milestones in a timely manner based on availability and response of local partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

Limited in her position to enforce; local partners not within CDR Samanic's control but will provide all support necessary. Started convening biweekly meetings to strategize and overcome process barriers.

Activity 3:

Surveillance and Evaluation Activities

Between 10/2015 and 09/2016, Ensure collaboration with surveillance and evaluation activities among ISDH Chronic Disease Division in data collection and reports.

Activity Status

Not Completed

Activity Outcome

Established better collaboration among those in the Chronic Disease division who use different types of Medicaid data to make process more effective and efficient for better quality and timeliness of reporting.

Reasons for Success or Barriers/Challenges to Success

This is an ongoing effort.

Strategies to Achieve Success or Overcome Barriers/Challenges

Developed a strategy to establish a better rapport with Medicaid; in process of collecting information on routine data request needs.

Activity 4:**Establishing a Peer Review System**

Between 10/2015 and 09/2016, Establish and maintain a peer review system for reviewing reports and documents distributed to various national audiences.

Activity Status

Not Completed

Activity Outcome

Asked various programs about need for this system and how to develop it; programs indicated that no need existed for this system and were utilizing internal review systems.

Reasons for Success or Barriers/Challenges to Success

Programs are not interested at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Establishment of this type of system would need mandate from agency leadership.

Activity 5:**Manuscript Development**

Between 10/2015 and 09/2016, Develop manuscripts to be published in peer-reviewed scientific publications.

Activity Status

Not Completed

Activity Outcome

Completing data analysis of Scott County HIV outbreak cohort study for eventual publication. Analyzing state-level data on mental health issues and self-reported chronic disease conditions among Indiana veterans to improve access to primary care and mental health care for veterans and ultimately will develop working relationship with Veterans Administration to access VA data. Aim to publish in CDC Morbidity and Mortality Weekly Report.

Reasons for Success or Barriers/Challenges to Success

Data analysis for Scott County HIV outbreak cohort study has been delayed due to data quality issues. Needed assistance with BRFSS data analysis to analyze veterans data; must be age- and sex-standardized to 2000 US standard population.

Strategies to Achieve Success or Overcome Barriers/Challenges

Developed strategies for data cleaning and coding and will resume when finished. Requested technical assistance from CDC on BRFSS data analysis; will attend upcoming training.

Activity 6:**Conference Presentations**

Between 10/2015 and 09/2016, Deliver a presentation at the annual conference of the Council of State and Territorial Epidemiologists (CSTE) or one other professional meeting.

Activity Status

Not Completed

Activity Outcome

Created plan to submit abstract to present results of analysis of veterans data at CSTE annual conference. Abstract submission opened in December, 2016 and submitted in December.

Reasons for Success or Barriers/Challenges to Success

Awaiting acceptance notification from CSTE.

Strategies to Achieve Success or Overcome Barriers/Challenges

Leveraged extensive experience in data analysis and abstract writing; presented abstract writing workshop at ISDH on December 6, 2016.

Activity 7:**Meet professional requirements of the United States Public Health Service.**

Between 10/2015 and 09/2016,

- When requested and deemed a national emergency, deploy for a period of no longer than two weeks.
- Participate in advisory committees and workgroups (example: Hispanic Officers Advisory Committee, Health Services Professional Advisory Committee, Epidemiology workgroup) to provide advice and consultation to the Surgeon General's office (OSG) on issues related to the corps.
- Participate in leadership and work development conference calls during working hours.
- Develop and contribute to the drafting of standard operating procedures and other PHS documents during working hours.
- Represent the PHS at professional meetings.
- Wear PHS uniform daily.

Activity Status

Completed

Activity Outcome

Participated in Health Services Professional Advisory Committee, Commissioned Corps Epidemiology Interest Group, member of RIST Region V. Participated in monthly assignee calls with supervisor. Has not been asked to develop/contribute to drafting of Standard Operating Procedures (SOPs) or other documents. Represented PHS at professional meetings and wore PHS uniform daily.

Reasons for Success or Barriers/Challenges to Success

Successfully meeting all professional requirements.

Strategies to Achieve Success or Overcome Barriers/Challenges

Successfully meeting all professional requirements.

Activity 8:**Participation in Workgroups**

Between 10/2015 and 09/2016, Participate in CSTE workgroups.

Activity Status

Completed

Activity Outcome

Participating in the Prescription Drug Monitoring Program (PDMP)/Prescription Drug Overdose workgroup and leading CDC Funding Opportunity Announcement 1305 Recommendations workgroup.

Reasons for Success or Barriers/Challenges to Success

Waiting for feedback on next iteration of recommendations to CDC National Center for Chronic Disease Prevention and Health Promotion.

Strategies to Achieve Success or Overcome Barriers/Challenges

Set deadlines for feedback; need to give additional time due to competing priorities. Will receive once received and issue/discuss next draft to finalize recommendations.

Impact/Process Objective 2:**Increase Analytic Capacity of Epidemiologists and Data Analysts**

Between 10/2015 and 09/2016, Matt Kaag, contract Senior Data Analyst, will conduct 2 SAS trainings to agency epidemiologists and data analysts in addition to individual assistance.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Matt Kaag, contract Senior Data Analyst, conducted 3 SAS trainings to agency epidemiologists and data analysts in addition to individual assistance.

Reasons for Success or Barriers/Challenges to Success

Matt Kaag provided three trainings on methods for standardizing matching variables and performing matching using scored matching were provided to ISDH staff on May 6, 2016, August 2, 2016, and August 9, 2016. Matt also conduct individualized support sessions and among the recipients are the Maternal and Child Health Division, Trauma and Injury Prevention Division, and Epidemiology Resource Center.

Strategies to Achieve Success or Overcome Barriers/Challenges

Matt continues to create trainings on SAS data manipulation that are common to epidemiologists and data analysts in the agency to enhance staff professional development.

Activity 1:**Instruct SAS short courses**

Between 10/2015 and 09/2016, Matt Kaag will provide 2 trainings for agency epidemiologists and data analysts on data management, analysis, and presentation using the SAS software platform.

Activity Status

Completed

Activity Outcome

Matt Kaag provides in-house training and data support using SAS software. He previously created two training classes for agency epidemiologists and data analysts, including 'SAS Basics for Epis' and 'Proc Tabulate and ODS'. During the grant period, Matt created a new course, 'Data Scrubbing, Standardization, and Merging' and provided three learning opportunities.

Reasons for Success or Barriers/Challenges to Success

Matt Kaag provided three trainings on methods for standardizing matching variables and performing matching using scored matching were provided to ISDH staff on May 6, 2016, August 2, 2016, and August 9, 2016. Matt also conduct individualized support sessions and among the recipients are the

Maternal and Child Health Division, Trauma and Injury Prevention Division, and Epidemiology Resource Center.

Strategies to Achieve Success or Overcome Barriers/Challenges

Matt continues to create trainings on SAS data manipulation that are common to epidemiologists and data analysts in the agency to enhance staff professional development.

Activity 2:

Provide technical consultation

Between 10/2015 and 09/2016, Matt Kaag will provide individual consultation/assistance as needed to epidemiologists and data analysts on SAS programming and analyses.

Activity Status

Completed

Activity Outcome

Matt Kaag regularly provides individual SAS consultation and assistance to epidemiologists and data analysts. While simple consultation occurs via phone, Matt meets the staff member at their work location to provide in-depth consultation requiring review of code, datasets, or outputs, or when trouble-shooting complex issues.

Reasons for Success or Barriers/Challenges to Success

Matt has advanced knowledge of the SAS software and will research new issues or topic areas when supporting epidemiologists and data analysts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Matt continues to provide consultation to epidemiologists and data analysts in the agency.

Impact/Process Objective 3:

Increase number of surveys completed in the 2017 Indiana BRFSS survey

Between 10/2015 and 09/2016, Linda Stemnock and contractor will conduct 560 surveys for the 2017 Indiana BRFSS.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Linda Stemnock and contractor conducted 628 surveys for the 2017 Indiana BRFSS.

Reasons for Success or Barriers/Challenges to Success

The additional surveys added to the 2016 and 2017 Indiana BRFSS surveys enhanced demographic detail and information on risk factors, disparities, preventive behaviors, and chronic diseases. The cost for land-line surveys increased slightly due to the decreasing number of landline households which makes it more difficult to reach these households for the survey. Due to cooperation among program areas needing optional modules or state-added questions, the 2017 survey length was once again kept under 23 minutes, which will minimize the percentage of respondents not completing the entire survey.

Strategies to Achieve Success or Overcome Barriers/Challenges

The data obtained from the BRFSS survey will benefit several ISDH program areas in their planning and evaluation of programs and initiatives to improve the health of Indiana residents.

Activity 1:

Increase number of BRFSS surveys completed to increase data availability and demographic detail

Between 10/2015 and 09/2016, An estimated 560 landline and cell phone interviews will be added to the

Indiana 2017 BRFSS survey via contract with Clearwater Research, Inc. (BRFSS contractor for Indiana). The percent of cell phone interviews will be determined in the fall of 2016 (30% is the baseline established by CDC, and this will most likely increase). These additional surveys will aid in the tracking of risk factors and preventive actions, identify health disparities, and support strategic health improvement plans (HP2020 PHI-7, 8, 14, 15). The Advisory Committee voted to approve funding to be allocated for BRFSS data collection.

Activity Status

Completed

Activity Outcome

Through PHHSBG funding, 512 additional surveys were added to the 2017 Indiana BRFSS survey via contract with Clearwater Research, Inc. (Indiana's BRFSS data collection contractor), which runs from 1/2/2017-12/31/2017.

Reasons for Success or Barriers/Challenges to Success

As advised by CDC, we increased the percentage of surveys collected via cell phone from 30% to 50% to obtain improved coverage of our adults in the 2017 BRFSS survey. The cost for land-line surveys increased somewhat due to the decreasing number of landline households which makes it more difficult (and expensive) to reach these households for the survey.

Strategies to Achieve Success or Overcome Barriers/Challenges

Additional funding from other ISDH program areas added additional surveys to the BRFSS. BRFSS data are used by many ISDH program areas for planning and evaluation efforts.

Impact/Process Objective 4:

Support production of the annual reports and datasets

Between 10/2015 and 09/2016, Matt Kaag, contract Senior Data Analyst will develop 1 core files and create templates used to generate annual reports.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Matt Kaag, contract Senior Data Analyst developed 1 core files and create templates used to generate annual reports.

Reasons for Success or Barriers/Challenges to Success

In November 2015, Matt Kaag provided the final 2014 birth and death files used to generate the annual mortality and natality reports.

Strategies to Achieve Success or Overcome Barriers/Challenges

Matt continues to refine processing and manipulation of raw data to create the final birth and death files. He supports the mortality and natality reporting templates used for the annual reports.

Activity 1:

Download birth and death files from the Genesis application

Between 10/2015 and 09/2016, Matt Kaag will download at least monthly Genesis, State and Territorial Exchange of Vital Events (STEVE), and resident out of state (ROOS) data and process the files in preparation for the ISDH Data Analysis Team's (DAT) use.

This activity will be accomplished by providing descriptions of tables added to our annual mortality and natality reports, published tables using hospital discharge data by county, monthly datasets provided to specific program areas, and BRFSS newsletters topics. Examples: (1) the DAT provided additional data in the 2014 Indiana natality report, published in December 2015. New tables were added: percent of mothers breastfeeding upon hospital discharge by county; and for births to Hispanic mothers, additional

tables include the number and percent of live births by method of delivery and age of mother, general fertility rates and total fertility rates by county of residence, and the number and crude birth rate by county of residence. (2) Up-to-date files of out-of-state Indiana births and deaths are now sent on a monthly basis to MCH to monitor infant deaths. (3) The BRFSS Coordinator will also continue to collaborate with chronic disease staff to produce BRFSS newsletters that provide additional information on these conditions, especially those affecting populations at risk.

Activity Status

Completed

Activity Outcome

Matt Kaag completes weekly downloads of the STEVE and ROOS data and monthly downloads of the birth and death files from Genesis. He performs quality checks of the data to verify completeness and logical values. Preliminary and final birth and death files are created for statistical and reporting purposes after the data verification processes are complete.

Reasons for Success or Barriers/Challenges to Success

The ISDH Division of Vital Records is collecting system requirements for a new vital records system to replace Genesis. The RFP was release in December 2016 and a go-live date for the new system has not been set, but will likely be 2018 or 2019.

Strategies to Achieve Success or Overcome Barriers/Challenges

Matt continues to refine processing and manipulation of the raw data to create provisional birth and death files for epidemiologist and data analyst use.

Activity 2:**Produce datasets for ISDH epidemiologists**

Between 10/2015 and 09/2016, Matt Kaag will generate a provisional birth and death dataset within 6 months and final dataset within 12 months of year end. Datasets will be posed for internal use by agency epidemiologists and data analysts.

Activity Status

Completed

Activity Outcome

Matt Kaag provided provisional files to epidemiologists and data analysts for early review and analysis of 2015 birth and death files on August 31, 2016.

Reasons for Success or Barriers/Challenges to Success

Matt Kaag provided provisional files to epidemiologists and data analysts for early review and analysis of 2015 birth and death files on August 31, 2016.

Strategies to Achieve Success or Overcome Barriers/Challenges

Matt continues to refine processing and manipulation of the raw data to create provisional birth and death files for epidemiologist and data analyst use.

National Health Objective: PHI-15 Health Improvement Plans**State Health Objective(s):**

Between 10/2015 and 09/2016, Continue to increase the capacity for local health departments and nonprofit hospitals to conduct community health assessments and improvement plans by improving access to county level secondary data to all 92 counties in Indiana through the Indiana Indicators data dashboard website.

State Health Objective Status

Not Met

State Health Objective Outcome

The Office of Public Health Performance Management (OPHPM) holds a contract with the Indiana Business Research Council (IBRC) to update the Indiana Indicators website to better reflect the data needs of counties and communities.

Reasons for Success or Barriers/Challenges to Success

The project's timeline has been stretched into 2017 to ensure all partners' needs are addressed. OPHPM expects completion in early Spring, 2017.

Strategies to Achieve Success or Overcome Barriers/Challenges

OPHPM will continue to hold IBRC accountable for deadlines.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Funding is paying for services at IBRC, as well as staff time in the Epidemiology Resource Center (ERC). The ERC is responsible for the collection, curation, and dissemination of state, local, and national data sets. Data collected and examined by the ERC, as well as County Health Rankings, populates the Indiana Indicators site. OPHPM director relies on the expertise of the ERC for this project.

OBJECTIVES – ANNUAL ACTIVITIES**Impact/Process Objective 1:****Data Warehouse Maintenance**

Between 10/2015 and 09/2016, ISDH, Indiana Hospital Association, Indiana Business Research Center will update 1 data dashboard website. Utilize a contract staff member with the Epidemiology Resource Center for data resources and GIS capabilities.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, ISDH, Indiana Hospital Association, Indiana Business Research Center updated 0 data dashboard website. Utilize a contract staff member with the Epidemiology Resource Center for data resources and GIS capabilities.

Reasons for Success or Barriers/Challenges to Success

ISDH is contracted with the Indiana Business Research Council to update the Indiana Indicators website. Block Grant dollars also pay for a contract employee, Ashley Suiters, to help identify, curate, and deploy appropriate data (along with the County Health Rankings) for the Indicators site. The site is still under development and should be ready for launch early spring of '17.

Strategies to Achieve Success or Overcome Barriers/Challenges

The original timeline for the project was aggressive, but the Epidemiology Resource Center and the Indiana Business Research Center are working steadily to create the site and populate the data. The team meets regularly to discuss updates, request changes, and provide feedback. OPHPM expects a beta site in early February of '17, with the hard launch in spring of '17.

Activity 1:**Community Health Assessments**

Between 10/2015 and 09/2016, Community Health Assessments are required by both nonprofit hospitals to demonstrate community benefit for the IRS requirements under the Patient and Protection Affordable Care Act. Local health departments are required to do a local health assessment for public health accreditation. In addition, both the state department of health and the local health departments are required to have a data profiles report for public health accreditation (Domain 1). Local health departments will utilize the Indiana Indicators website to provide the data needed to do their local health assessment for public health accreditation. This website will assist all interested parties in accomplishing their goals while also reducing staff time at ISDH for individual data requests. To provide a high quality product with the most up to date data resources, the ISDH will collaborate with the Indiana Business Research Center (IBRC) to host www.indianaindicators.org website. This website will provide a vast array of information for local health departments to effectively complete community health assessments, which are a part of PHAB standards and measures (Domain 1). ISDH plans to expand utilization of the Indiana Indicators resource by collecting feedback from hospitals through the Indiana Hospital Association to identify their data needs to assist in community health assessments, as well. The analysis of these activities will create a workplan to develop those areas of the website that will better serve all entities that utilize www.indianaindicators.org as their data repository for community health assessments including those in and outside of public health.

Activity Status

Not Completed

Activity Outcome

ISDH is contracted with the Indiana Business Research Council to update the Indiana Indicators website. Block Grant dollars also pay for a contract employee, Ashley Suiters, to help identify, curate, and deploy appropriate data (along with the County Health Rankings) for the Indicators site. The site is still under development and should be ready for launch early spring of '17.

Reasons for Success or Barriers/Challenges to Success

The original timeline for the project was aggressive, but the Epidemiology Resource Center and the Indiana Business Research Center are working steadily to create the site and populate the data. The team meets regularly to discuss updates, request changes, and provide feedback. OPHPM expects a beta site in early February of '17, with the hard launch in spring of '17.

Strategies to Achieve Success or Overcome Barriers/Challenges

Team will continue to meet and monitor progress of the website updates. Additionally, OPHPM plans to conduct trainings for LHD and community partners on how to use the updated Indicators website to its fullest potential.

Activity 2:**Partner meetings**

Between 10/2015 and 09/2016, Conduct quarterly meeting with partners and partner with appropriate agencies to ensure policies and procedures.

Activity Status

Completed

Activity Outcome

OPHPM routinely meets with internal and external partners to ensure mutual goals are being accomplished.

Reasons for Success or Barriers/Challenges to Success

In some instances due to circumstances beyond control, projects or programs get started later than

anticipated. OPHPM is dedicated to ensuring grant deliverables are achieved in the best and most timely manner possible.

Strategies to Achieve Success or Overcome Barriers/Challenges

OPHPM will continue to connect with and meet partners to ensure contract deliverables are being met.

Activity 3:

Indiana Indicators data plan

Between 10/2015 and 09/2016, Develop a data plan for appropriate data to be included on the website including enhancements on the website that will allow for downloadable PDF data spreadsheets, maps, and other tools to increase transparency of data between counties. Website enhancements include: updating the website with new tools and data layout, update data and evaluate the website.

Activity Status

Not Completed

Activity Outcome

During the project period, Indiana Indicators layout has begun however not released to the public.

Testing has allowed downloadable options in multiple software settings and will allow for live updates with corresponding links.

Reasons for Success or Barriers/Challenges to Success

Several meetings were held to discuss the changes and how ISDH would like to revamp the website.

There have been many positive changes including making the site more user friendly, adding additional data, having the ability to compare townships, counties, or districts to others, overlap health issues, and view other state's bordering counties.

Strategies to Achieve Success or Overcome Barriers/Challenges

OPHPM and IBRC meet regularly to ensure goals of the website are being met. OPHPM and Epidemiology Resource Center will provide trainings to local health departments and community groups to ensure site is used to its fullest capacity.

National Health Objective: PHI-16 Public Health Agency Quality Improvement Program

State Health Objective(s):

Between 10/2015 and 09/2016, Enhance the capability of Indiana health departments in the area of agency performance management and quality improvement utilizing Lean Six Sigma (LSS).

State Health Objective Status

Not Met

State Health Objective Outcome

The Office of Public Health Performance Management contracted with Purdue Healthcare Advisors to provide a training to selected staff in order for the participants to receive their Lean Practitioner Certification. Purdue was also scheduled to facilitate Rapid Improvement Events for the agency as part of the training. One event was scheduled during this time period, although was actually completed in October which was considered a success. The event team was able to achieve their target at 100%.

Executive leadership is now using the event as example of how the LEAN process should work and what benefits can be achieved.

Reasons for Success or Barriers/Challenges to Success

Not all deliverables were met prior to the contract ending due to availability of the events as well as additional support the participants felt would be needed. Several of the participants were willing and open to the session despite the amount of time it required from their other job duties.

Strategies to Achieve Success or Overcome Barriers/Challenges

Leadership support at the agency has continued to be fostered.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Although Block Grant dollars are being used to fund the contract with Purdue Healthcare Advisors, staff from around the agency are working on projects that span subject areas and funding sources. This investment will spur quality improvement agency-wide.

OBJECTIVES – ANNUAL ACTIVITIES**Impact/Process Objective 1:****Lean Training**

Between 10/2015 and 09/2016, ISDH, Purdue Healthcare Advisors will implement **1-2** Lean Practitioner training courses and 8-10 Rapid Improvement Events.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, ISDH, Purdue Healthcare Advisors implemented **1** Lean Practitioner training courses and 8-10 Rapid Improvement Events.

Reasons for Success or Barriers/Challenges to Success

A briefing with executive leadership was held to discuss the purpose and benefits of LEAN, participants were identified by their supervisors as leaders amongst their divisions, participants were engaged and attended all sessions, and executive leadership assisted in identify 5 possible projects. After the training 1 staff member resigned, participants required additional support not originally identified, and project ideas which had not been previously identified were denied, and 1 scheduled Rapid Improvement Event (RIE) has been put on hold.

Strategies to Achieve Success or Overcome Barriers/Challenges

Weekly calls were scheduled with Lean Practitioner (LP) staff and assistance for participants who required project ideas were granted. Executive meetings were being held to discuss the 1 RIE which was put on hold.

Activity 1:**ISDH Lean Practitioner Training**

Between 10/2015 and 09/2016, Train 10-20 state health department staff in Lean Practitioner Training. The Lean Practitioner training series is a multi-session program that provides the opportunity for staff to obtain knowledge and skills around Lean Six Sigma methodology as well as to serve as Lean leaders in the organization.

Activity Status

Completed

Activity Outcome

OPHPM contracted with Purdue Healthcare Advisors to conduct a training for a cohort of staff interested in being a Lean Practitioner. A set of 10 staff enrolled and subsequently were trained on process improvement and Lean tools.

Reasons for Success or Barriers/Challenges to Success

Contract was started later than anticipated.

Strategies to Achieve Success or Overcome Barriers/Challenges

OPHPM will continue the contract with Purdue Healthcare Advisors to ensure expectations of the agency are met.

Activity 2:**ISDH Lean Daily Improvement Training**

Between 10/2015 and 09/2016, Implement trainings at ISDH for Lean Daily Improvement techniques, reaching a total of 15-20 staff members. Quality Improvement is a key foundation for public health accreditation and is required for each domain and is the key component for Domain 9. To achieve accreditation ISDH must demonstrate quality improvement implementation and trained staff.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The contract and subsequent work with Purdue Healthcare Advisors was started later than anticipated.

Strategies to Achieve Success or Overcome Barriers/Challenges

OPHPM plans on conducting Lean Daily Improvement Training in the next grant period.

Impact/Process Objective 2:**Quality Improvement Dashboard**

Between 10/2015 and 09/2016, ISDH will develop 1 quality improvement dashboard through the utilization of Oracle Business Solutions to generate an agency electronic dashboard system. This dashboard will serve to be reflective of the agency's performance metrics and create transparency through data reporting throughout the agency's executive team and the Governor's office.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

OPHPM did not develop a quality improvement dashboard. An Excel workbook is maintained in the OPHPM office, and metrics from each division are compiled quarterly to track successes and challenges in the agency. The State of Indiana maintains a dashboard in the Governor's Office of Management and Budget as a way to track agency's key indicators. OPHPM has been hesitant to commit to a dashboard

that could be duplicative of the State's system.

Strategies to Achieve Success or Overcome Barriers/Challenges

OPHPM is exploring other ways of collecting and storing data from its divisions, including partnering with the Epidemiology Resource Center (a division at ISDH).

Activity 1:

Quality Improvement Dashboard

Between 10/2015 and 09/2016, The Office of Public Health Performance Management will work with the Office of Technology and Compliance to develop a Quality Improvement Dashboard. This is an integral part of developing a performance management system. These activities are supportive of the agency strategic plan, the agency dashboards, and quality improvement. The impact of this system and associated trainings will result in a more knowledgeable, informed workforce in Indiana.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The State of Indiana maintains a dashboard in the Governor's Office of Management and Budget as a way to track agency's key indicators. OPHPM has been hesitant to commit to a dashboard that could be duplicative of the State's system.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Epidemiology Resource Center has developed an innovative way to track data imported from BFRSS and other national and local data sets. Eventually, ERC will be able to accept data from other sources, such as WIC. OPHPM is exploring if this site is an appropriate place to serve as a QI dashboard.

Activity 2:

Workforce Development Training

Between 10/2015 and 09/2016, Provide workforce development plan trainings to local health departments interested in public health accreditation. Developing a workforce development plan is supportive of developing an agency performance management system. The impact of these trainings will result in a more knowledgeable, informed workforce in Indiana.

Activity Status

Not Completed

Activity Outcome

The Office of Performance Management hired a full time workforce development coordinator in May of 2016. This individual has focused on internal workforce development activities. Three regional trainings for local health departments interested in pursuing accreditation were held around the state. These trainings touched on the workforce development plan as integral to achieved accreditation. Further discussion on how to author and develop those plans are ongoing.

Reasons for Success or Barriers/Challenges to Success

OPHPM identified internal needs as a priority for the workforce development coordinator. She needed time to acclimate to IN-TRAIN, understand the needs of ISDH, and work with the accreditation coordinator to develop a workforce survey.

Strategies to Achieve Success or Overcome Barriers/Challenges

OPHPM will identify or develop workforce development trainings aimed at local health departments interested in pursuing accreditation. Workforce development coordinator will work with the Local Health Department Outreach Division at ISDH to reach the local health departments to deploy trainings either in person, or through IN-TRAIN.

State Program Title: Sexual Assault Services (SAS) - Education and Outreach

State Program Strategy:

Goal: Between 10/2016 and 09/2017, continue to reduce the prevalence of rape and sexual violence in the State of Indiana.

Program Priorities: Local victim service providers awarded SAS funds will provide sexual violence prevention outreach and education to targeted audiences in their local communities and also provide direct services to victims of sexual violence.

Primary Strategic Partnerships(s):

External: ISDH and 17 service providers in all areas of the state.

Evaluation Methodology: Evaluation methodology includes presentation evaluations and data on numbers reached through outreach and education and through direct victim services. These numbers include: number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group; number of contacts with victims of sexual violence broken out by gender and age; and how victims were served (number of victims provided services through crisis intervention, crisis hotlines, support groups and other services).

National Health Objective: IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2015 and 09/2016, The purpose of the SAS program remains to reduce the prevalence of sexual assault and attempted sexual assault among residents of the State of Indiana, particularly youth through sexual violence outreach and education and direct services. Funds will be used by 17 sub-recipients to provide prevention outreach and education as well as direct services.

State Health Objective Status

Met

State Health Objective Outcome

In 2016, the Indiana Criminal Justice Institute awarded and oversaw 16 grants as a pass-through agency of the Sexual Assault services program. These programs fulfilled the purpose of this program by providing prevention education, coordinating efforts through sexual assault response teams at the county level, and facilitating direct service provisions to victims. Six of the funded programs are located and serve a geographically rural population, while the ten remaining programs are located in urban cities.

During the final quarter, the rape prevention objective was met through the following measures:

Two-hundred and sixteen victims were provided direct services in the final quarter of this program as a result of SAS funding. Services include 888 crisis calls, 461 crisis intervention services, 964 victim advocacy contacts, 43 support groups, 242 individual counseling sessions, 44 group counseling sessions, and 65 referrals to therapeutic counseling.

Fifty-seven prevention education initiative presentations, 25 generally accepted prevention programming presentations, and 9 targeted workshops and trainings helped bring the annual reach of prevention efforts to 10,024, 12,891, and 2031 attendants, respectively. The total reach of all prevention efforts in 2016 was 24,946 throughout the state of Indiana. These attendants include middle and high school aged students, businesses, places of worship, and law enforcement agencies.

Collaboration efforts were achieved through subrecipient participation in sexual assault response teams, youth advisory boards, an Indianapolis-based Latino roundtable, and general collaboration and network-building with community partners.

Reasons for Success or Barriers/Challenges to Success

Since non-reports cannot be tracked it is difficult to provide these numbers. Estimates on the number presenting to a hospital emergency room for a forensic medical exam and/or reporting to the police are between 25 to 47%.

Reasons for success may be the media attention to sexual violence and the federal emphasis, through

grant programming, to address victims and perpetrators as well as through prevention activities. Barriers include the difficulty in tracking sexual assaults, given the non-standard methodology of data collection on sexual assault cases in the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

ICJI, as the administrator for SAS funds, has the ability to leverage efforts against sexual assault through multiple funding streams for the same subrecipients. In the 2016 program year subrecipients were able to address needs in their areas through grant awards from ICJI of Office on Violence Against Women Services*Training*Officers*Prosecutors (STOP) and Sexual Assault Services Program (SASP) dollars as well as Office for Victims of Crime Act (VOCA) dollars to serve victims of sexual assault of all ages. Two of these funds provide for prevention services (SAS and STOP) while SASP and VOCA provide for direct services. It is an underlying premise in the practitioner community that providing quality direct services to victims (including counseling and case management) will empower victims to heal and build self-esteem which provides a natural defense against repeat victimization in the future.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG SAS funds do not provide for administrative funds, so launching statewide health initiatives remain the purview of the Indiana State Department of Health's Office of Women's Health. The ICJI SAS coordinator participates with the Office of Women's Health primary prevention initiative in a collaborative role. More than half of ICJI's SAS funded subrecipients are also grant award recipients of the CDC primary prevention RPE grant which represents excellent leveraging of funding and effort. In addition to collaboration with RPE ICJI, as the administrator for SAS funds, leverages efforts against sexual assault through multiple funding streams for the same subrecipients, including STOP, SASP and VOCA. More information is provided in #4.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Extend coordinated, audience-appropriate sexual violence prevention outreach and education program

Between 10/2015 and 09/2016, Subrecipient prevention outreach education presenters will provide presentations to 8000 students and adults in Indiana.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Subrecipient prevention outreach education presenters provided presentations to 24,946 students and adults in Indiana.

Reasons for Success or Barriers/Challenges to Success

Leveraging funds and staff time with RPE and SAS prevention funds allowed more adults, youth and children to be reached with prevention information and education

Strategies to Achieve Success or Overcome Barriers/Challenges

Success was achieved through leveraging of funds and clearly specifying expectations for prevention-based activities in the SAS application distributed to all potential subrecipients. Many other funding streams awarded through ICJI allow for direct service activities to victims of sexual assault. As a result, ICJI prioritizes prevention activities when considering program applications each year. As a result, over 99% of individuals reached by direct services or prevention efforts were reached by prevention efforts, while less than 1% of individuals reached received direct services.

Activity 1:**Provide sexual violence prevention outreach and education.**

Between 10/2015 and 09/2016,

- Provide current and generally accepted sexual violence prevention programs within local area, ensuring coordination with current RPE (Rape Prevention) program providers when appropriate. Examples include Teen Dating and Healthy Relationships, Love is Respect, Campus Sexual Assault and Relationship Violence Prevention program, and others which incorporate behavior and social change theories into the programs.
 - Provide workshops and training that meet the needs of the community including training for athletic teams, EMS first responders, law enforcement, prosecutors, etc.
 - Provide prevention and intervention information on an informal basis to individuals; during a counseling session, on a crisis line call, etc.

PERFORMANCE MEASURES

Below are examples of performance measures that will be included in SAS reports at the end of each quarter:

1. Number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group.
2. Number of contacts with victims of sexual violence broken out by gender and age.
 - (a) How victims were served (number of victims provided services through crisis intervention, crisis hotlines, support groups and other services):
 - Number of hotline crisis calls.
 - Individual counseling hours broken out by age and gender.
 - Group session counseling hours broken out by age and gender.

Activity Status

Completed

Activity Outcome

In 2016, 285 presentations of primary prevention, generally accepted prevention programming, and targeted audience programming were delivered through SAS, which brought the total number reached for these presentations to 24,946 students, professionals, and community members annually.

1. Number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group:
 1. Total: 24,946 (285 Presentations)
 2. Youth: 17,708 (173 Presentations)
 3. Adult: 7,238 (112 Presentations)

During this time period, SAS subrecipient programs educated youth about the role of drugs and alcohol in sexual violence, provided presentations on sexual violence awareness on college campuses, provided training to community groups and high school and local college sports teams. The state SAS coordinator encouraged subrecipients in underserved regions and counties to develop a prevention curriculum based on local needs and to provide programs in environments that will teach males as well as females.

Reasons for Success or Barriers/Challenges to Success

All SAS subgrantees did some form of outreach and training, but several have extraordinarily knowledgeable and dedicated prevention experts who addressed school groups, sports teams and community groups.

Strategies to Achieve Success or Overcome Barriers/Challenges

Our strategy to expand this success will be to share best practices with other subgrantees and to continue collaboration with the ISDH Office of Women's Health primary prevention initiative.

Impact/Process Objective 2:

Improve and enhance service and response initiatives to victims of sexual violence.

Between 10/2015 and 09/2016, Sub awards will be administered by state staff in the Indiana Criminal Justice Institute's Victim Services Division. Direct victim services will be provided by qualified staff of ICJI's sixteen SAS funded Subrecipients. Some are rape crisis centers and others are dual Domestic Violence/Sexual Assault centers. They will provide services to **200** victims of sexual violence.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Sub awards will be administered by state staff in the Indiana Criminal Justice Institute's Victim Services Division. Direct victim services will be provided by qualified staff of ICJI's sixteen SAS funded Subrecipients. Some are rape crisis centers and others are dual Domestic Violence/Sexual Assault centers. They provided services to **341** victims of sexual violence.

Reasons for Success or Barriers/Challenges to Success

ICJI believes that the above figures in regard to the number of services represent services funded by all funding sources not just SAS which may have inflated the count.

ICJI encouraged and supported efforts to provide services through crisis intervention, hotlines, support groups, and other services. Additionally, ICJI encouraged expansion of services and support to underserved counties.

Strategies to Achieve Success or Overcome Barriers/Challenges

Evaluation methodology includes presentation evaluations and data on numbers reached through outreach and education and through direct victim services. These numbers include: number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group; number of contacts with victims of sexual violence broken out by gender and age; and how victims were served (number of victims provided services through crisis intervention, crisis hotlines, support groups and other services).

Activity 1:

Provide direct service to victims of sexual violence.

Between 10/2015 and 09/2016, Trained educators or counselors will provide a variety of trauma-informed care from emergency response to a hospital to meet with a victim, to explaining the rape examination process to further medical and legal education as needed. Services may be provided to any victim of sexual violence at any point in the life span continuum.

Activity Status

Completed

Activity Outcome

1. Number of contacts with victims of sexual violence broken out by gender and age:

1. 2,627 advocacy contacts were made with 273 female victims, 52 male victims, and 16 victims whose gender could not be determined.
2. Many agencies did not include crisis calls in their victim counts, but reported a total of 2,789 crisis calls throughout the life of the grant.
3. 1,322 crisis intervention services were provided.
4. 174 support groups were provided.
5. 1,144 individual counseling sessions were provided.
6. 203 referrals to therapeutic counseling treatment were made.

A total of **341** victims of sexual assault were provided a variety of services as described above. The majority of services were provided by dual domestic and sexual violence organizations that have grown from domestic abuse shelters to meet the needs of victims of sexual assault. A small number of organizations funded provide only services to sexual assault victims.

ICJI continues to work with and fund the Indiana Coalition to End Sexual Assault (ICESA) in this area. ICJI and ICESA collaborated in considering applications for the State's new Sexual Assault Victim Assistance's Fund (SAVAF). ICESA has provided technical assistance, guidance, and training to victim service providers across the state with funding through ICJI to strategically fund and increase services, especially in rural areas.

Reasons for Success or Barriers/Challenges to Success

A strong partnership with ICESA, as well as the willingness of more organizations to expand on their capacities to meaningfully serve victims of sexual violence has served as a reason for the success of this program. Unfortunately, limited funding is available for new programs who apply for SAS funding, which is a barrier to its success.

Strategies to Achieve Success or Overcome Barriers/Challenges

SAVAF funding is strategically awarded to allow for programs to expand services to victims of sexual assault, while in the current fiscal year prevention activities were prioritized to be funded through SAS, as it is the only sexual assault fund that allows these efforts.

State Program Title: Tuberculosis (TB) Control Program/Refugee

State Program Strategy:

Goal: Between 10/2016 and 09/2017, the main goal of the TB Control, Prevention and Elimination Program is to decrease the morbidity and mortality caused by tuberculosis in Indiana, prevent transmission of tuberculosis to others, provide TB education to all TB stakeholders, and ensure the completion of therapy for persons who start treatment for TB disease and TB infection. Additionally, there is an increased focus of targeted testing of the high risk groups in Indiana; thereby increasing the percentage of newly diagnosed TB infection cases that start and complete treatment.

Program Priorities:

1. Early diagnosis of TB disease and infection
2. Completion of appropriate therapy for all cases of TB disease and infection
3. Prompt identification and evaluation of high and medium risk contacts through effective contact investigation activities
4. Screening and treatment of TB infection in persons in targeted high-risk populations

Primary Strategic Partnerships(s):

- **Internal:** Indiana State Department of Health Laboratories
- **External:** Local Health Departments

Evaluation Methodology: The ISDH TB program follows national evaluation TB guidelines set by the CDC. Additionally, the program conducts internal quality assurance measures. In an effort to decrease TB morbidity and mortality, the program evaluation component will focus on evaluating treatment initiation and completion for both TB infection and TB disease persons. The program's TB database TB Statewide Investigating, Monitoring and Surveillance System (SWIMSS), its medication management module, and contact investigation modules will be utilized to obtain data for the evaluation. Queries will be run to identify how many patients were entered appropriately and completely evaluated, how many started and completed treatment within the recommended guidelines. Analysis will be conducted on the specific variables identified such as: number of patients, high risk groups, treatment start date, and treatment completed, etc. Additionally the TB epidemiologist will review all data submitted individually, and any issues identified will be discussed with the submitting LHD and the regional nurse consultant

In Indiana, the local health departments with the technical support of the Indiana State Department of Health (ISDH) are responsible for case management of TB patients. Local health departments provide basic tuberculosis services which include tuberculosis screening, patient assessment and referral for medical care, delivery of anti-tuberculosis medications, case management, contact investigations, and directly observed therapy. The state is responsible for surveillance, policy development, public education and strategic leadership. This partnership is critical in the control and elimination of TB in Indiana. On 12/25/2015, latent tuberculosis infection (LTBI) became a reportable condition in Indiana. This is in line with national trends and the Center for Disease Control and Prevention's focus on successfully treating LTBI to prevent progression to TB disease. This new law means additional reporting for the LHDs. Having a user-friendly computerized case management system that includes medication management modules that collects all required information and also provides space for additional notes on each patient will make data gathering timelier, more complete and more accurate.

Success of progress goals will include:

- 1) The completion of enhancements to the current computer application to make it more user-friendly.
- 2) Provide space for notes and all inclusion of all needed variables in the contact investigation module
- 3) Increased data accuracy

The overall success of the project will be evaluated by an increase in the number of persons that complete adequate treatment for TB infection.

National Health Objective: IID-31 Treatment for Latent TB

State Health Objective(s):

Between 10/2015 and 09/2016, Increase the percentage of contacts to sputum smear-positive tuberculosis cases that complete treatment after being diagnosed with latent tuberculosis infection and initiated treatment to 74% for cohort year 2014, 79% for cohort year 2015, and 81% for cohort year 2016.

State Health Objective Status

Met

State Health Objective Outcome

Treating persons with Latent TB infection (LTBI) is an important step toward eliminating TB disease in the United States as up to 10% of those with LTBI will eventually break down with TB disease. By conducting a contact investigation for those with infectious TB disease, people at a high risk for LTBI are identified, usually early in their infection. As half of those with LTBI break down with TB disease in the first two years following infection, prompt treatment is critical in preventing future cases of TB disease. The outcome for treating LTBI disease amongst contacts has been exceeded for both 2014 and 2015 in Indiana, with 80.0% and 85.0% of contacts completing LTBI treatment, respectively. Data for cohort year 2016 is not yet available but is projected to also meet the objective.

Reasons for Success or Barriers/Challenges to Success

Not only have we met our objective for the terms of this grant, we have exceeded the national average for this measure (73.5% in 2014) and have already surpassed our state program and national targets for 2020 (75% and 81%, respectively).

Strategies to Achieve Success or Overcome Barriers/Challenges

We were able to achieve success by continuing several strategies previously enacted to improve data quality and increase ease of treatment completion. First, the TB Epidemiologist continued to monitor the data quality of the contact investigations at an individual level and worked with the TB Regional Nurse Consultants to ensure that treatment completion was accurately reported. Secondly, contact investigations and the importance of completing LTBI therapy continued to be the target of education activities. Finally, treatment completion has become more attainable with the increased use of the 3HP regimen, which is completed after 12 weeks of therapy compared to nine months with the INH regimen.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block grant dollars were used to support the TB Program Developer, whose work on the TB Database has and continues to be vital in increasing data accuracy and completion of TB data, including treatment completion amongst contacts with LTBI.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Enhancement of computer application for contact investigations

Between 10/2015 and 09/2016, Contract program developer--Swamy Buddha; TB epidemiologist--Kelly White; chief nurse--Midia Fulano; regional nurses--Tiffney Helms and Jill Brock will develop 2 areas in the current application which are logical flow of variables and information, and clearly defined variables such as outcomes of contact investigation. Completion of the two new areas which are addition of notes field option for each contact entered and a search function so that the database can be searched to see if a new TB patient has ever been a contact to an active case of TB before. Provision of a webinar to local health department nurses on how to use the enhanced contact investigation module.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Contract program developer--Swamy Buddha; TB epidemiologist--Kelly White; chief nurse--Midia Fulano; regional nurses--Tiffiney Helms and Jill Brock developed 2 areas in the current application which are logical flow of variables and information, and clearly defined variables such as outcomes of contact investigation. Completion of the two new areas which are addition of notes field option for each contact entered and a search function so that the database can be searched to see if a new TB patient has ever been a contact to an active case of TB before. Provision of a webinar to local health department nurses on how to use the enhanced contact investigation module.

Reasons for Success or Barriers/Challenges to Success

Several factors have influenced the outcome of this objective despite additional focus by TB program staff. Despite success with the development of these changes amongst the team, unforeseen issues have arisen contributing to the delay, including staff turnover and other technical issues. Finally, the program was notified late in 2016 that a new database will be used starting in 2017, so resources have been diverted from enhancing the old system to preparing for the new one.

Strategies to Achieve Success or Overcome Barriers/Challenges

Resolution of unforeseen issues and the addition of new staff ultimately allowed for the complete development of changes, despite delays in implementation. Implementation of the changes in the current system have been suspended due to the incoming new system, but work done during development will be used when preparing and customizing the new system.

Activity 1:

Review logical flow of variables and business rules in the contact investigation module

Between 10/2015 and 09/2016, The TB/Refugee Epidemiologist, chief nurse and focus group from local health departments will review the contact investigation module, test the new modules, and make recommendations if needed.

Activity Status

Not Completed

Activity Outcome

In tandem with other updates being made to the system, the TB Epidemiologist along with other program staff reviewed the contact investigation module and provided feedback to the TB Program Developer. As the updates to the contact investigation module were not implemented, no testing was done. No formal focus groups were conducted with local health department staff, but informal discussion were included in the review and development of the updates.

Reasons for Success or Barriers/Challenges to Success

As previously stated, unforeseen staffing issues and the upcoming migration to a new system led to a shift in priorities and a delay in implementing changes in the current system.

Strategies to Achieve Success or Overcome Barriers/Challenges

Implementation of the changes in the current system have been suspended due to the incoming new system.

Activity 2:

Build the enhanced functionality of logical flow of information, etc.

Between 10/2015 and 09/2016, The IT programmer will develop a more logical flow of information, outcome variables and business rules recommended by the staff on the development server and then test it's functionality on the test server and finally move the new functionality to the production server.

Activity Status

Not Completed

Activity Outcome

The enhancements recommended by the staff have begun, but have not yet been tested nor moved to the production environment.

Reasons for Success or Barriers/Challenges to Success

As previously stated, unforeseen staffing issues and the upcoming migration to a new system led to a shift in priorities and a delay in implementing changes in the current system.

Strategies to Achieve Success or Overcome Barriers/Challenges

Implementation of the changes in the current system have been suspended due to the incoming new system.

Activity 3:**Build the new functionality of a note field, search option, & the related business rules**

Between 10/2015 and 09/2016, The IT programmer will complete the development of the note fields for each contact where additional information about the contact can be recorded and saved. Example: phone numbers, directions, times available, relation to the TB case, where they had contact with the case, etc.

The search option and related business rules will make it possible for the regional nurses and the epidemiologist to search for and identify if a current patient or contact has been named in prior contact investigations. This will help identify potential places of transmission resulting in better identification of contacts that may have TB infection and need to be treated.

Activity Status

Completed

Activity Outcome

The improved search function, allowing for the search of contacts within the database was developed, tested, and moved to production successfully. The increased functionality of the notes field was developed and started but has not been implemented or tested.

Reasons for Success or Barriers/Challenges to Success

As previously stated, unforeseen staffing issues and the upcoming migration to a new system led to a shift in priorities and a delay in implementing changes in the current system.

Strategies to Achieve Success or Overcome Barriers/Challenges

Implementation of the changes in the current system have been suspended due to the incoming new system.

Activity 4:**Provide training on use of new functionality in the contact investigation module**

Between 10/2015 and 09/2016, Via a webinar to be broadcast to all county health departments, the epidemiologist and the IT programmer will provide training on the new module so that local health department nurses will be able to easily use the newly enhanced module and comply with timely and accurate reporting of contact outcomes including completion of treatment.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

As previously stated, unforeseen staffing issues and the upcoming migration to a new system led to a shift in priorities and a delay in implementing changes in the current system. This delay in changes led to

the delay in training and ultimately canceling of the training altogether.

Strategies to Achieve Success or Overcome Barriers/Challenges

Implementation of the changes in the current system have been suspended due to the incoming new system, so training for the local health departments will be unnecessary. Planning for training on the new system is underway.

Impact/Process Objective 2:

Enhancement of the computer application system TB forms - Latent TB form (LTBI)

Between 10/2015 and 09/2016, Contract program developer--Swamy Buddha; TB epidemiologist- Kelly White; chief nurse consultant- Midia Fulano. will develop **2** new fields based on the new reporting requirements. The completion of the two new fields include new medication regimens and dosages; requesting medications through ISDH and disabling some drop down variables to make the program run more efficiently. Provision of a webinar to local health department nurses on how to use the enhanced LTBI forms will be made available. The new updated form will be sent to all local health departments.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, Contract program developer--Swamy Buddha; TB epidemiologist- Kelly White; chief nurse consultant- Midia Fulano. developed **2** new fields based on the new reporting requirements. The completion of the two new fields include new medication regimens and dosages; requesting medications through ISDH and disabling some drop down variables to make the program run more efficiently. Provision of a webinar to local health department nurses on how to use the enhanced LTBI forms will be made available. The new updated form will be sent to all local health departments.

Reasons for Success or Barriers/Challenges to Success

In addition to the two fields mentioned above, a comprehensive review of the entire LTBI form was conducted and input from multiple program staff was solicited, leading to a greatly improved collection tool. Priority of this project by program staff and collaboration led to the success achieved.

Strategies to Achieve Success or Overcome Barriers/Challenges

Priority of this project by program staff and increased collaboration led to the success achieved.

Activity 1:

Develop and add the enhanced functionality to LTBI forms.

Between 10/2015 and 09/2016, The IT programmer will develop and add to LTBI forms the variables and business rules recommended by the staff on the development server and then test it's functionality on the test server and move the new functionality to production server.

Activity Status

Completed

Activity Outcome

As mentioned above, multiple improvements to the LTBI reporting form were developed, tested, and moved to production successfully.

Reasons for Success or Barriers/Challenges to Success

Collaboration among TB program staff gave the TB Program Developer clear guidelines and priority of the project by the TB Program Develop ultimately led to its success.

Strategies to Achieve Success or Overcome Barriers/Challenges

Open communication between TB program staff and the TB Program Developer made implementation and testing of enhancements a smooth process.

State Program Title: Water Fluoridation Program**State Program Strategy:**

Goal: Between 10/2016 and 09/2017, the goal of the Water Fluoridation Program is to promote water fluoridation and monitor water fluoridation systems across the state to assure that the majority of the population of the state of Indiana continue to receive the benefits of water fluoridation

Program Priorities:

> Inspect water fluoridation systems in communities and schools across the state to ensure they maintain optimum fluoride levels.

> Educate mayors, town councils, water system boards and citizens as to the benefits, cost effectiveness and safety of water fluoridation to prevent the elimination of water fluoridation in communities.

Primary Strategic Partnerships(s):

- **Internal:** ISDH Oral Health

- **External:** Indiana Dental Association, Indiana Dept. of Environmental Management Drinking Water Division, Centers for Disease Control and Prevention

Evaluation Methodology: The field staff is expected to make at least 220 inspections of water fluoridation systems per year and to respond to any high fluoride levels (2.0ppm or above) within five business days. Field staff is expected to train any new water fluoridation system operators within 10 business days of being notified of the new operator and to retrain existing operators as needed. Field staff is also required to attend at least two professional water treatment operators meetings in order to keep up with water treatment technology and network with water fluoridation operators. The staff is also required to input up to date data into the Water Fluoridation Reporting System (WFRS). The program will evaluate progress through regular reports to the program director.

National Health Objective: OH-13 Community Water Fluoridation**State Health Objective(s):**

Between 10/2015 and 09/2016, monitor water fluoridation programs in communities and schools on a regular basis.

State Health Objective Status

Met

State Health Objective Outcome

We continue to monitor all water fluoridation programs in Indiana. During that time period, over 700 surveillance calls and 715 consultations were made at community water systems that fluoridate. We also attended several water professional meetings during that time which allows us to network with water system operators throughout the state. This often helps us to become informed of or even prevent a problem with a community water fluoridation system.

Reasons for Success or Barriers/Challenges to Success

We are successful because we have a very well trained and professional staff. We have, however, been challenged during this time period because of the loss of one field staff position.

Strategies to Achieve Success or Overcome Barriers/Challenges

We have been able to compensate somewhat by spreading out the work load among the supervisor and remaining field staff and using the former field staff for special projects as long as they do not conflict with his new position within the division. We should be able to maintain our success if we can continue to utilize the former field staff member to assist in our program as needed.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

The State Lab provides much of the needed data in the form of lab results that drive this program. They are not funded by this block grant. Any work that the Division Director does for this program is not funded by the block grant.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Maintain Water Systems with Optimal Fluoride Levels

Between 10/2015 and 09/2016, James Powers will maintain 95% - the percentage of people in Indiana on public water supplies that have access to fluoridated water.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2015 and 09/2016, James Powers maintained 95% - the percentage of people in Indiana on public water supplies that have access to fluoridated water.

Reasons for Success or Barriers/Challenges to Success

The frequent surveillance and consultation have helped maintain this percentage of access to water fluoridation that is much higher in Indiana than overall nationally (76%). The field staff have developed very good working relationships with the water plant operators and are therefore able to work well with them to trouble shoot and prevent problems with community water fluoridation systems.

Strategies to Achieve Success or Overcome Barriers/Challenges

The primary threat to this percentage is the elimination of water fluoridation programs in communities due to anti-fluoridation activity and budget cuts. Again, the frequent surveillance calls and relationships forged with water plant operators as well as with local dentists, the Indiana Dental Association, local health departments and IDEM often allow us to find out about attempts to eliminate fluoridation systems early enough to work to prevent that from happening.

Activity 1:

Monitor Fluoride Samples

Between 10/2015 and 09/2016, Staff will monitor fluoride samples from all water supplies for optimal levels. Staff will respond when out of range by reviewing, on a weekly basis, the test results from all the fluoride samples sent in to the state lab for that period. When a community's test results indicate that the fluoride level is out of range, the fluoridation field staff schedule a visit or contact the community water plant operator to resolve the issue as soon as possible.

Activity Status

Completed

Activity Outcome

The monitoring of fluoridation sample results from the State Lab is an integral part of this program. Without these sample results, it would be much more difficult to accurately assess the fluoridation of communities in Indiana.

Reasons for Success or Barriers/Challenges to Success

By monitoring the weekly printout we get from the State Lab, we are able to detect potential problems and trends with water fluoridation systems and visit the communities often before the water operator is aware of a problem.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continued testing of water fluoridation samples by the State Lab and our access to that data is essential to the success of the program.

Activity 2:**Consultations with town/city official or waste district board members**

Between 10/2015 and 09/2016, When city/town officials or a water district board is considering the discontinuation of fluoridation, staff will meet with them to discuss the public health benefits of continuing. Staff will also recruit local dentists in the area to help.

Activity Status

Completed

Activity Outcome

This is an ongoing effort that will, no doubt, always be part of this program. During this time period we were very successful in preventing communities from discontinuing water fluoridation.

Reasons for Success or Barriers/Challenges to Success

Frequent contact with water operators, council/board members, dentists, and health departments in towns considering the discontinuation of water fluoridation helped keep some communities in the program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Our primary strategy has been to provide education materials to town councils/boards, attend meetings if necessary and work with local dentists, health departments and the Indiana Dental Association. Strong local support is essential. This has been very successful overall, but must be maintained if fluoridation is to be preserved at the present level. In the time period in question, we sent out approximately 105 information packets to town councils/boards, local dentists and health departments as well as private citizens. These packets are constantly reviewed, updated, and customized to the situation.